

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11597

State File No.

FILED APR 13 1942

Registration District No. 668

Primary Registration District No. 4400

Registration No. 128

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town La Monte La Monte
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 Years
years, months or days

3. (a) PRINT FULL NAME Clara Jeannette Wade

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, Widowed
divorced 2
(b) Name of husband or wife J.R. Wade 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 25 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 44 hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Hugh Morgan Price
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Ann E. Tidball
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Hugh R. Wade
(b) Address 919 E. Armour Bvd. K.C. Mo.

17. (a) Burial (b) Date thereof 3-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation La Monte Mo.

18. (a) Signature of funeral director B.F. Parker
(b) Address La Monte Mo.

19. (a) 3-2-42 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town La Monte
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1
year 1942 hour 3 minute 1 P. M.

21. I hereby certify that I attended the deceased from Nov 1 1941 to Mar 1 1942
that I last saw her alive on Feb 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Heart had
Chest had
Abdomen had
Kidneys had
Arteries had

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W.E. Walker (M. D. or other) M.D.
Address La Monte Mo Date signed 3-2-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-10-42

MAR 11 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed

R. F. Vaulter

Licensed Embalmer No.

1592

P. O. Address

Ra Monte Nco

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.