

Registration District No. 251

Primary Registration District No. 4151

Registrar's No. 5

1. PLACE OF DEATH:

(a) County DAVIESS

(b) City or town JAMESON
(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 LIPE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DAVIESS

(c) City or town JAMESON
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ALLEN F. WADE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 25
year 1942 hour 2 minute 10 P.M.

4. Sex MALE 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MINNIE ANN WADE

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased MOU
(Month) (Day) (Year)

I hereby certify that I attended the deceased from Jan 4 to April 25, 1942, that I last saw him alive on April 24, 1942, and that death occurred on the day and hour stated above.

8. AGE: Years Months Days If less than one day

75 5 15 hr. min.

Immediate cause of death Arterio Sclerosis of general

Duration 20 years

9. Birthplace DAVIESS CO. MO
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation PRINTER

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER

12. Name JOHN WADE

13. Birthplace PENN.
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH CAUGHEY

15. Birthplace PENN.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations 97

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant FRED WADE

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

(b) Address JAMESON MO

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof 4/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation COSEY M. CEM.

(Specify type of place)

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director C. M. Ginn

23. Signature J. P. Graham (M. D. or other)

(b) Address 4-26-1942

Address Jameson Mo Date signed 4/26/42

19. (a) 4-26-1942 (b) A. O. Sweeney
(Date received local registrar) (Registrar's signature)

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

100

HTP

JUL 14 1948

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

FFB 8 1951