S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20967

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 162

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jfferson City, Mo 5
(If outside city or town limits, write "RURAL") 4
(d) Street No. 409 Monroe Street
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME A. Price Wadley
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Louella Wadley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 19th, 1861
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	0 7	7	hr. min.

9. Birthplace Spring Garden, Missouri O
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Furniture Dealer
11. Industry or business
FATHER
12. Name Jack Wadley
13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Lumpkin
15. Birthplace Kentucky /
(City, town, or county) (State or foreign country)
16. (a) Informant Pearl Chism
(b) Address Jefferson City, Missouri
17. (a) Burial (b) Date thereof June-28-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery
18. (a) Signature of funeral director Roy J. Gordon
(b) Address Jefferson City, Missouri
19. (a) 6-27-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1942 hour 3 minute 0 P. M.
21. I hereby certify that I attended the deceased from 5-1, 1941, to 6-26, 1942,
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 8 days
Due to Chronic Parenchymatous Nephritis — 2 yrs
Due to
Other conditions Chronic Endocarditis — 6 yrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

131 b

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature D. W. Gilbraith (M. D. or other)
Address Jefferson City, Mo. Date signed 6-27-42

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(Licensed Embalmer's Statement on Reverse Side)

MAR 10 1945

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 Thos. J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City Mo

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.