

FILED OCT 2 1942
77

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30185

State File No. _____

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 212

26
5
4

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

1. PLACE OF DEATH: Cole
 (a) County _____
 (b) City or town Jefferson City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 114 Boonville Road
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 1 1/2 Yrs
 years, months or days)

3. (a) PRINT FULL NAME Mary Margaret Wade
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 (b) Name of husband or wife John (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 1, 1862
 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 11 If less than one day
 hr. _____ min. _____

9. Birthplace Centralia, Mo. Boone Co.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Presley L. Edwards
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth F. Hamilton
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Waldo Wade
 (b) Address Jefferson City, Mo.

17. (a) Burial & Removal Date thereof 9/15/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Shaw? Mo. Cem.

18. (a) Signature of funeral director Victor Buechner
 (b) Address Jefferson City, Mo.

19. (a) 9-14-42 (b) Thomas Fichter
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 26
 (a) State Missouri (b) County Cole
 (c) City or town Jefferson City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 114 Boonville Road
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
 year 1942 hour 110 minute 00 P M.

21. I hereby certify that I attended the deceased from Jan 10
1942 to Sept 12, 1942
 that I last saw him alive on Sept 13, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46 lb
 Of autopsy _____

Duration
 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 [Signature] (M, D, or other)
 Address Jefferson City, Mo. Date signed 9-15-42

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.....

Victor Buescher

Licensed Embalmer No.....

3701

P. O. Address.....

J.C. 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.