No. 2
—5-42
17/39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3661

State File No.

Registration District No. 224 Primary Registration District No. 3072 Registrar's No. 201

1. PLACE OF DEATH:

97 (a) County Saline

(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fitzgibbon Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hr (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 97

(a) State Mo (b) County Saline 1

(c) City or town Marshall Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 662 W Jackson
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME ORVILLE CLEO WADE

3. (b) If veteran, name war

3. (c) Social Security No. 487-09-7405

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Ena Bell Wade

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Oct - 5 - 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	2	19	hr. min.

9. Birthplace Weaubleau Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation Employe - airplane Factory

11. Industry or business

FATHER
12. Name Richard Fred Wade
13. Birthplace Weaubleau Mo O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rosie Lee Fentress
15. Birthplace Weaubleau Mo O
(City, town, or county) (State or foreign country)

16. (a) Informant Ena Bell Wade
(b) Address Marshall Mo

17. (a) Burial Marshall Mo (b) Date thereof 12-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem. Marshall Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) 12-27-42 (b) Mrs T O Westbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1942 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 24, 1942 to Dec 24, 1942
that I last saw him alive on Dec 24, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock - Crushed Chest - emphysema of Chest wall

Due to

Due to accident (Car)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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: 097

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

(b) Date of occurrence

(c) Where did injury occur? Marshall Saline Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway
(Specify type of place)

While at work? (e) Means of injury O

23. Signature John L Lawrence (M. D. or other)
Address Marshall, Mo Date signed Dec 29 42

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....
Filed 1-15-42

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 Harry Hershberger, Registered Apprentice No. 334 working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.