

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

14241  
Do not use this space.

**FILED MAY 11 1943**

1. PLACE OF DEATH  
 (a) County Franklin Registration District No. 114  
 (b) Township Meramec Primary Registration District No. 4186 Registered No. 15-31  
 (c) City Sullivan, Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred X yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry A. Wade,  
 (a) Residence, No. Sullivan, Mo. St.  (If nonresident, give city or town and State) J  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 10th. 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
58	I	15	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steam Fitter

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 25th. 1943

22. I HEREBY CERTIFY That I attended deceased from March 30th. 43 to April 25th. 43  
 I last saw him alive on April 25th. 9-45 P.M. 43 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

**Cancer Of The Throat**

Date of onset

Other contributory causes of importance: 45F

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Samuel R. Pearson, M. D.  
 (Address) Sullivan, Mo.

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY) \_\_\_\_\_

FATHER  
 13. NAME James R. Wade,  
 14. BIRTHPLACE (CITY OR TOWN) Ireland, (STATE OR COUNTRY) \_\_\_\_\_

MOTHER  
 15. MAIDEN NAME Margaret J. Robertson  
 16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT James R. Wade, (ADDRESS) Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial  
 PLACE ST. Louis, Mo. DATE 4 -28th. 1943

19. FUNERAL DIRECTOR (NAME) J. T. Williams, (ADDRESS) Sullivan, Mo.

20. FILED 4/26/43 19\_\_\_\_

Local Registrar.

1131

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....  
*J. S. Williams*

..... Licensed Embalmer No. *42*.....

P. O. Address..... *Sullivan, 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, above space should be left blank.**



5-14-24