

Registration District No. 2  
Date DEC 13 1943

Primary Registration District No. H009

1. PLACE OF DEATH:  
(a) County Andrew  
(b) City or town Savannah mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Dr. Nichols Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 days  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Luther Wilson Wadley  
8. (b) If veteran,  name war ✓  
8. (c) Social Security No. ✓

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Amanda Hadley  
6. (c) Age of husband or wife if alive 14 years (Month) (Day) (Year) 1860

8. AGE: Years 83 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Jackson Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Farming

MOTHER FATHER  
11. Industry or business  
12. Name Mark Wadley  
13. Birthplace Jackson Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Margie Haggard  
15. Birthplace Webster Co. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Earl G. Wadley  
(b) Address Paragould Ark  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Nov 25 1943 (Month) (Day) (Year)  
(c) Place: burial or cremation Paragould Ark.  
18. (a) Signature of funeral director Walter Meierhoffer  
(b) Address St. Joseph, Mo.  
19. (a) 11-25-1943 (Date received local registrar) (b) J.H. Fritchman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Ark (b) County Green  
(c) City or town Paragould R.P.D. 5 (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. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 25 year 1943 hour 1 minute 0 A.M.  
21. I hereby certify that I attended the deceased from Oct 27 1943 to Nov 25 1943 that I last saw him alive on Nov 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia  
Influenza  
Due to canter of face  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 53  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J.B. Manning (M. D. or other) Savannah Mo  
Address \_\_\_\_\_ Date signed 11/25/43

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... *Albert C. Harvin* .....  
Licensed Embalmer No. *3258* .....  
P. O. Address... *St. Joseph, 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.**