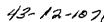
No. 2		50500
-2-43 17-39		FICATE OF DEATH State File No.
X35697	Registration District No. 256 Primary Registration Dist	trict No. 2001 Registrar's No. 690
7	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED: 47
. ⊜	(a) County Jasper	(a) State Missouri (b) County Jasper
. 100	(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)	(c) City or town Joplin
) EE	(c) Name of hospital or institution:	(If outside city or town limits, write "RURAL") \cdots'
ı	St. John's Hospital (If not in hespital or institution, write street number or location)	(d) Street No. 525 N. Joplin (If rural, give location)
E	(d) Length of stay: In hospital or Institution 22 days	(c) Citizen of foreign country? NO (Yes or No)
NY	In this community 43 Years	If yes, name country
8	yours, months or days)	MEDICAL CERTIFICATION
PERMANENT RECORD	FULL NAME Margaret Elizabeth Ade	20. DATE OF DEATH: Month. Decembertay 18
∀ ?	3. (b) If veteran, 3. (c) Social Security	year 1943 hour 8 Dinute10 A.M.
INK—MAKE	name war none No.	21. I hereby certify that I attended the deceand from Law
Ž	5., Color or 6. (a), Single, widowed, married,	14 142 10 De 18 1042
 	4. Sex F / race W / divorced Married	that I last saw the affive on the saw
Z	6. (b) Name of husband or wife	and that death occurred on the date and hour stated above.
×	Charles W. Ade alive 64 years	Immediate cause of death.
_ <u>¥</u>	7. Birth date of deceased August 15, 1882 (Month) (Day) (Year)	tigo with the way die
UNFADING BLACK	8. AGE: Years Months Days If less than one day	The Hand Ind
Se	· · · · · · · · · · · · · · · · · · ·	The light the
<u>ā</u>	61 4 3 hr. min.	Due to
Y.	9. Birthplace Golden City Missouri	
	(City, town, or rounty) (State or fureign country) 10. Usual occupation.	Other conditions
35 E	11. Industry or business Owner of gift shop	(Include pregnancy within 3 months of death)
7	in industry or business with the state of th	Major findings:
ΓĶ	let unknown ' 5'	Of operations Underline the cause to
_ <u></u>	1 C (13. BIKEDIACE	Which death Of autopsy should be
PLAINLY—USE	(City, town, or county) 14. Malden name Margaret Smith	charged sta- tistically.
	15. Birthplace	22. If death was due to external causes, fill in the following:
VRITE	16. (c) Informant Charles W. Ade	(a) Accident, suicide, or homicide (specify)
₽	(b) Address 525 N. Joplin, Joplin, Mo.	(b) Date of occurrence
- 1	17. (a) burial (b) Date thereof 12/21/43	(c) Where did injury occur? (City or town) (County) (State)
	(Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation Ozark Memorial	(d) Distingues becur in or about home, on farm, in industrial place, in public place?
/	18. (a) Signature of funeral director PARKER-HUNSAKER	(Specify type of place)
	(b) Address 1502 Joplin, Joplin, Mg.	23. Sie fur Muller (M. D. or other)
į	19. (0) 12-18-43 (b) Active Deed batter	
		Date digned/2//8//3
	/('\ '\	atement on Reverse Side)





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	
50.	

Signed F. M. Jones

Licensed Embalmer No. 23/9

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.