

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12462

FILED APR 6 1944

Registration District No. 2374

Primary Registration District No. 6276

Registrar's No.

1. PLACE OF DEATH

(a) County Worth  
(b) City or town Rural West Union  
(c) Name of hospital or institution 1  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nona Fern Wake

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Don Wake 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased May 9 - 1911 (Month) (Day) (Year)

8. AGE: Years 32 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Sheridan Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Farrell  
13. Birthplace Nodaway County Mo (City, town, or county) (State or foreign country)  
14. Maiden name Bessie Adams Farrell  
15. Birthplace Taylor County Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Don Wake  
(b) Address Sheridan Mo

17. (a) Burial (b) Date thereof 2-15-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheridan Cemetery

18. (a) Signature of funeral director John Andrews Jr

(b) Address South City Missouri

19. (a) Feb 15-1944 (b) Adeline Scadden (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. South OF Sheridan (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1944 hour 12:05 minute 2 M.

21. I hereby certify that I attended the deceased from Feb 7, 1944 to Feb 12, 1944 that I last saw her alive on Feb 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to 120a

Other conditions Gastric enteritis (Include pregnancy within 5 months of death)

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 P. J. Patton (M. D. or other) Do  
Address Sheridan Mo Date given 2-14-44

**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.....

*John Andrews Jr.*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*John Andrews Jr.*.....

Licensed Embalmer No. *4211*.....

P. O. Address *Grant City 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.**