S. No. 2
M—5-43
5-17-39
I X36671

13
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

Registration District No. 17

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27367

Primary Registration District No. 4061

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Caldwell,

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

(c) Name of hospital or institution: School Avenue, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Past Thirty Five Years. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 13

(a) State Missouri, (b) County Caldwell, 0

(c) City or town Braymer, 0
(If outside city or town limits, write "RURAL")

(d) Street No. School Avenue,
(If rural, give location)

(e) Citizen of foreign country? ✓ ✓ ✓ (Yes or No)

If yes, name country ✓ ✓ ✓ ✓

3. (a) PRINT FULL NAME John Van Horn Wadley,

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

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Isabelle Wadley, 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Sept.-22-1865 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	8	20	✓ hr. ✓ min.

9. Birthplace Jerseyville, (City, town, or county) Ills., / (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business Farming,

FATHER
12. Name Francis Wadley,
13. Birthplace Not Known, (City, town, or county) Tenn., / (State or foreign country)

MOTHER
14. Maiden name Mary Dunn,
15. Birthplace Not Known, (City, town, or county) Tenn., / (State or foreign country)

16. (a) Informant John Wadley,
(b) Address Braymer, Mo.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof June,-14-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cemetery,

18. (a) Signature of funeral director E. P. Michael
(b) Address Braymer, Mo.

19. (a) Sept 5-1944 (Date received local registrar) (b) E A Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th year 1944 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from April 10 — 1944, to June - 14 - 1944 that I last saw him alive on June - 11 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration Sudden

Due to Arteriosclerosis (Long Standing)

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Cardinal B Nicolay

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? None (e) Means of injury None

23. Signature Cardinal B Nicolay (M. D. or other)

Address Braymer Mo. Date signed June 13 44

1151

(Licensed Embalmer's Statement 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, ~~[illegible]~~

~~Registered Apprentice No.~~

working under my personal supervision.

Signed E. P. Michael

Licensed Embalmer No. 1363,

P. O. Address Braymer, 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.