

FILED AUG 18 1944

Registration District No. 950

Primary Registration District No. 5522

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Wubale Prairie Sur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emergency Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 1 year
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Wubale Prairie
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson County Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jessie Erskine Wade

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

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Wm. A. Wade
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April 14 - 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 17
If less than one day hr. min.

9. Birthplace Ind 1
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business

MOTHER FATHER
12. Name Daniel Miller
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Horusama Brockbridge
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hunterbach

(b) Address 2543 Metropolitan Blvd. K.C.

17. (a) burial (b) Date thereof 7-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Washington

18. (a) Signature of funeral director Mrs. P. L. Hunter

(b) Address Rt. No

19. (a) July 1, 1944 (b) J. M. Schickler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 1
year 1944 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 6-17-1944 to 7-1-1944
that I last saw her alive on 7-1-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arthritis with Malnutrition Duration

Due to toxemia and refusal of food.

Other conditions 598
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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)
(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 of W. J. Tuttle (M. D. or other) MD
Address Blue Springs Mo Date signed 7-1-44

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

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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 Theron R. Redmon
Licensed Embalmer No. 27237
P. O. Address A.C. 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.