

FILED JAN 10 1945

Registration District No. 274

Primary Registration District No. 4407

Registrar's No. 382

1. PLACE OF DEATH:

(a) County Pettis La Monte Mo.

(b) City or town La Monte

(c) Name of hospital or institution: Home
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 80 Years
(Specify whether years, months or days)

In this community 80 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town La Monte Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Home
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna M. Wade

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 1944
year

hour 3 P.M. minute

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased: June 10 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from No 18 1944 to Dec 4 1944
that I last saw her alive on Dec 4 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>5</u>	<u>24</u>	hr. min.

Immediate cause of death: app of plexy

Duration 16 days

9. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

Due to

Due to 830

10. Usual occupation

Other conditions (include pregnancy within 3 months of death)

11. Industry or business Home

Major findings: Of operations

12. Name William D. Snoddy

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Enor Brown

15. Birthplace Ky
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant L.F. Wade

(b) Address 7411 Jarboe Kansas City Mo

17. (a) Burial (b) Date thereof Dec 6 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Monte Cemetery

18. (a) Signature of funeral director B.F. Parker

(b) Address La Monte Mo.

19. (a) 12-5-44 (b) Mrs Anna Berge
(Date received local registrar) (Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (c) Means of injury

23. Signature W.E. Walker (M. D. or other) M.D.

Address La Monte Mo Date signed 12-5-44

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-5-45

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

B. J. Parker

Licensed Embalmer No.

1592

P. O. Address

La Monte, 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.