

S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

3645

State File No. 1

FILED FEB 5 1945  
 Registration District No. 5 10457

Primary Registration District No. 6076

Registrar's No. 2774

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Afton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5923 Weber Road  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County St. Louis  
 (c) City or town Afton  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5923 Weber Road  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George E. Wakefield

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.  
 6. (b) Name of husband or wife Dora Wakefield 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased March 3rd., 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>10</u>	<u>6</u>	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name William Wakefield

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

14. Maiden name Mary Darby

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

16. (a) Informant Mrs. Dora Wakefield

(b) Address 5923 Weber Road

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-10-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Canton, Kansas

18. (a) Signature of funeral director Arthur Bonnelly

(b) Address 3840 Lindell Blvd.

19. (a) 1/9/45 (Date received local registrar) (b) E. H. McLaughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th., year 1945 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from Jan. 2, 1945, to Jan. 9, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Thrombosis Duration 1 day  
 Due to Carcinoma Liver 1 yr.  
 Due to Ch. Impediment 2 yr.  
 Other conditions Ch. Impediment Initial 2 yrs.  
(Include pregnancy within 3 months of death)

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 \_\_\_\_\_

(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Signature Jacob [unclear] (M. D. or other)

Address 2767 Marion Ave Date signed 1-9-45

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 W Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.