

No. 2
M-5-43
ev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6007**
Registrar's No. **39**

FILED FEB 20 1946
Registration District No. **778**

Primary Registration District No. **3026**

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

1. PLACE OF DEATH:
 (a) County **Jackson Independence**
 (b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1110 N. Main /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **EDWARD GRANT WADE**
 3. (b) If veteran, name war **none**
 3. (c) Social Security No. **none**

4. Sex **male** 0
 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Nellie F. Wade**
 6. (c) Age of husband or wife if alive **1866** years
 7. Birth date of deceased **May 1 1866**
(Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **2**
 If less than one day **hr. min.**

9. Birthplace **Morocco Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter contractor**

11. Industry or business **John Wade**
 12. Name **Unknown** **Ohio** /
 13. Birthplace **Unknown** **Ohio** /
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown** /
 15. Birthplace **Unknown** /
(City, town, or county) (State or foreign country)

16. (a) Informant **John E. Wade**
 (b) Address **1819 Claremont**
 17. (a) **Burial** (b) Date thereof **2-6-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mound Grove Cemetery**

18. (a) Signature of funeral director **Geo. C. Carson Funeral Home**
 (b) Address **Independence Missouri**
 19. (a) **2-4-46** (b) **James W. Ross**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Independence** **4**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1110 N. Main** **4**
(If rural, give location)
 (e) Citizen of foreign country? **no** **0**
(Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **3**
 year **1946** hour **7** minute **00** P. M.

21. I hereby certify that I attended the deceased from **January 1946** to **February 3 1946**
 that I last saw him alive on **January 28 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure**

Due to **Chronic Myocarditis** **4 yrs**

Due to _____

Other conditions **938**
(Include pregnancy within 3 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? _____

23. Signature **Fred J. Gammor** **D.O.**
(M. D. or other)
 Address **Independence, Mo** Date signed **2-4-46**

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

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 *Raymond N. Martin*

Licensed Embalmer No. *4150*

P. O. Address *Indep 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.