

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED APR 22 1946

Registration District No. 322

Primary Registration District No. 43-18

Registrar's No.

1. PLACE OF DEATH:

(a) County Taney Hollister

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all life (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME MARTHA ANN WADE

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

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Madison B. Wade

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

7. Birth date of deceased: Jan - 17 - 1857
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>89</u> | <u>0</u> | <u>27</u> | _____ hr. _____ min. |

9. Birthplace Madison Mo Ark, 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Lewis Mathie 9

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Robert Wade

(b) Address Hollister Mo

17. (a) Burial (b) Date thereof 2-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hobbs-Krabb-Cemetery

18. (a) Signature of funeral director R. B. Wheelchel

(b) Address Brunson Mo

19. (a) March 31 1946 (b) Archie Probst
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney 106

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

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

(e) Citizen of foreign country? U.S.A. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1946 hour 3:25 minute A. M.

21. I hereby certify that I attended the deceased from Sept 15, 1941, to Feb 14, 1946
that I last saw her alive on Feb 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Senility

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 930

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature Harry T. Gair (M. D. or other) MD
Address Brunson Mo Date signed 2/14/46

323

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

06
0
0
14355

RECEIVED

District Health Officer No. 6;

District File Number 446-512

Date Filed APR 17 1946

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 Minnie L. Wheelchell

Licensed Embalmer No. 2277

P. O. Address Brunson 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.