

FILED JAN 27 1947

State File No. _____

Registration District No. 2

Primary Registration District No. 5010

Registrar's No. 125-

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Benton Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 85 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Benton Township
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA ANN WADE

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

4. Sex f / 5. Color or race w
6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife William A. Wade 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Oct 8 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Holmes Robertson
13. Birthplace Ripley Co. Ind
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Cole
15. Birthplace Ripley Co Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Wm A. Wade
(b) Address Rosebale Mo

17. (a) B (b) Date thereof 1-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freemont

18. (a) Signature of funeral director E. C. Bick

(b) Address Savannah Mo

19. (a) 1-16-47 (b) dellinger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 14th, 1947 to Jan 16th, 1947
that I last saw her alive on Jan 15th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Bronchial Duration 4 days

Due to _____

Due to _____

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

Major findings: Of operations 107

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 0

23. Signature J. C. Hooper (M. D. or other) _____

Address Savannah Mo Date signed 1-16-47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Breit
Licensed Embalmer No. 2650
P. O. Address Swanwick 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.