

FILED MAY 19 1947

Registration District No. 2

Primary Registration District No. 5026

Registrar's No. 157

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

1. PLACE OF DEATH:

(a) County ATCHISON  
(b) City or town RURAL (CLARK TWP)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME EARNEST FREDRICH OTTO BADE

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HELEN BADE 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 10 24 1869  
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

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

12. Name JOHN A. BADE 4

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

14. Maiden name KATHERINA LUKES 4

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

16. (a) Informant John Richard Bade

(b) Address Langdon mo

17. (a) BURIAL (b) Date thereof 5-1-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HUNTER CEM.

18. (a) Signature of funeral director Barthelme Mortuary

(b) Address Rock Port, Mo

19. (a) 4-30-47 (b) Thos H. C. Cunningham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ATCHISON 3  
(c) City or town RURAL (CLARK TWP)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 3  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 27<sup>th</sup>  
year 1947 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS Duration 1 yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Thos H. C. Cunningham (M. D. or other) \_\_\_\_\_

Address Wellsboro Mo Date signed 4-28-47

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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 *Geatz Burchlow*.....

Licensed Embalmer No. 3173.....

P. O. Address Rock Port, 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.**