

FILED MAY 29 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18296

State File No. _____

Registration District No. 264

Primary Registration District No. 4395

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Gainesville
(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 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 77
(c) City or town Gainesville 0
(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 Douglas Perry Wade

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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 26 1947
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name Howard Wade
13. Birthplace Souder Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lou Anna Cupps
15. Birthplace Granby Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Wade
(b) Address Gainesville, Mo

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Souder Cemetery

18. (a) Signature of funeral director _____

(b) Address Gainesville Missouri

19. (a) May 2, 1947 (b) Pamela Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1947 hour 5 minute P M.

21. I hereby certify that I attended the deceased from April 26 1947 to April 27 1947
that I last saw him alive on April 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital alectasia
Duration 1 Day

Due to Prematurity (8 mo)

Due to _____

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

Major findings: Of operations 157
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? 2

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. Hoerman (M. D. or other) MD
Address Gainesville Mo Date signed 4/29/47

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

RECEIVED

District Health Officer No. 67

District File Number 547-532

Date Filed MAY 22 1947

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.B. Hutchison*

Licensed Embalmer No. 3431

P. O. Address..... *Gainesville Tex*

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.