

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **1706 West Lee Street**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1706 West Lee Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

WILL G. BADE

3. (b) If veteran, name war **None**

3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **11** years
7. Birth date of deceased **March 11, 1872**
(Month) (Day) (Year)

8. AGE: **75** Years **9** Months **0** Days
If less than one day hr. min.

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

10. Usual occupation **Retired Painter**

11. Industry or business **Painting**

12. Name **Henry Bade**

13. Birthplace **Unknown, Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown, Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dayton C. Bade, (Son)**

(b) Address **1706 West Lee Street, City**

17. (a) **Burial** (b) Date thereof **12/13/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Fun'l Home**

(b) Address **Springfield, Missouri**

19. (a) **12-13-47** (b) **W E Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **11**,
year **1947** hour **10:** minute **00** A. M.

21. I hereby certify that I attended the deceased from **12-27-47** to **12-11-47**
that I last saw him alive on **12-11-47**
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death **Influenza**

Due to **93**

Due to **Valvular heart disease**

Other condition (Include pregnancy within 3 months of death) **none**

Major findings: Of operations **none**

Of autopsy **none**

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **none**

(c) Where did injury occur? **none**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **none**

While at work? **no** (e) Means of injury **no**

23. Signature **A F Freeman**

Address **Citizens Bank Bldg, City** Date signed **12/13/47**

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

MOTHER FATHER

39
2
6

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.....

Lee Mason

Registered Apprentice No. 477

working under my personal supervision.

Signed

Jewell E. Hudley

Licensed Embalmer No. 2831

P. O. Address Springfield, Missouri

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.