No. 2
—1/47
6-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 321

FILED JAN 19 1948

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 27

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stella Duncan Nursing Home-723 S. 11th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)
In this community: 12 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 309 W. Antoine Street (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Albert Ruben Wake
3. (b) If veteran, name war: None
3. (c) Social Security No.: 493-18-3179
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Lottie Shastin
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: March (Month) 15 (Day) 1878 (Year)
8. AGE: Years 69 Months 9 Days 22 If less than one day ___ hr. ___ min.
9. Birthplace: Albany (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Common Labor
12. Name (Father): Alphonza Wake
13. Birthplace (Father): Sheffield (City, town, or county) Illinois (State or foreign country)
14. Maiden name (Mother): Margaret Unknown
15. Birthplace (Mother): Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Gearld R. Wake
(b) Address: 309 W. Antoine St/, St. Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 9, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) Jan. 12, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th year 1948 hour 4 minute 16 P. M.
21. I hereby certify that I attended the deceased from 12/6, 1947 to Jan 7, 1948 that I last saw him alive on and December 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Vascular accident (Hemiplegia) | about 40 days |
| Due to: | |
| Due to: Generalized Arteriosclerosis (Chronic) | unknown |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: | |

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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):
(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: Guy Redmond (M. D. or other) M.D.
Address: St Joseph, Mo. Date signed 1/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

## 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 Max E. Meyer, Registered Apprentice No. 49, working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 4238

P. O. Address [illegible]

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.