. No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 1600

Registration District No. 164 — Primary Registration District No. 3032 — Registrar's No. 14

1. PLACE OF DEATH:
(a) County Johnsonburg
(b) City or town Warrensburg (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 210 E Oak St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 89 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg Mo 2 (If outside city or town limits, write "RURAL")
(d) Street No. 210 E. Oak 2 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wm. Alby Wadell
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Addie Wadell
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased July 18 1858 (Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Warrensburg Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired Merchant
11. Industry or business
FATHER
12. Name Alby J. V. Wadell
13. Birthplace Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Carolyn Dora
15. Birthplace K.y. (City, town, or county) (State or foreign country)
16. (a) Informant H. A. Wadell
(b) Address 210 E. Oak Warrensburg
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.
19. (a) 2-5-48 (Date received local registrar) (b) Savannah Crutchfield (Registrar's signature) 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1948 hour 1 minute A M.
21. I hereby certify that I attended the deceased from Feb 1 First 1948 to Feb 1 1948 that I last saw him alive on Feb 3 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arterial sclerosis
Due to Thrombosis in
Due to
Other conditions (Include pregnancy within 3 months of death) 97
Major findings: Of operations no operations
Of autopsy no

Duration

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 —
(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 John T Anderson M.D. (M. D. or other)
Address Warrensburg MO. Date signed Feb 3

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

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

FEB 18 1948

## 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 W. Jack Phillips, Registered Apprentice No. 14, working under my personal supervision.

Signed R. Q. Phillips.

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.

S. No. 2B
5M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 7 A

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 14

**1. PLACE OF DEATH:**

(a) County Johnson

(b) City or town Wattensburg
(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 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Wm Alby Wadell

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 M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased July 18 1948
(Month) (Day) (Year)

**8. AGE:** Years 84 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Feb. 5, 1948 (Date received local registrar) (b) Savannah Crutchfield (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month day 4
year 1948 hour minute M.

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

| Immediate cause of death | Duration |
|---|---|
| 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-1600