No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

37431

State File No.

Registration District No. 226

Primary Registration District No. 5798

Registrar's No. 39

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Holliday Mo Rural (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 years, months or days) Several years
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Monroe County
(c) City or town Madison (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 Samuel Nexrit 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 M
6. (b) Name of husband or wife Sarah Lillian Wade
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Oct (Month) 1 (Day) 1881 (Year)

8. AGE: Years 67 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Madison Monroe Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Painter
11. Industry or business
12. Name Henry Wade
13. Birthplace Madison Monroe Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Paulina Davis
15. Birthplace Madison Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. D. L. Akers
(b) Address Holliday Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill Madison Mo
18. (a) Signature of funeral director Fred E. Thompson
(b) Address Madison Mo
19. (a) 11/18-48 (Date received local registrar) (b) Olive Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1948 hour 11 minute P M.
21. I hereby certify that I attended the deceased from Nov 15, 1948 to Nov 17 1948; that I last saw him alive on Nov. 17, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	24 hrs.
Due to: Myocarditis	1 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 2
23. Signature G R Gurney (M. D. or other) D.O.
Address Madison Mo. Date signed 11/18/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-48-20
Date Filed DEC 6 - 1943

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 .....

Licensed Embalmer No. .....

R. F. D. Address .....

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.