

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13311

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1504

3008

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Blytheville	
c. LENGTH OF STAY (in this place) 5 mo.		d. STREET ADDRESS (If rural, give location) X 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2214 Askew			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) H. c. (Last) WADE			4. DATE OF DEATH (Month) (Day) (Year) 3 31 50		
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-15-1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (State or foreign country) Nashville, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Wade	13b. MOTHER'S MAIDEN NAME Betty Fisher	14. NAME OF HUSBAND OR WIFE Viola Wade
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola Wade, 2214 Askew, KC Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Primary Carcinoma of lung lower left		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 16.2 X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 18, 1950**, to **March 31, 1950**, that I last saw the deceased alive on **3-28**, 1950, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Harry Wm. Dugay (Degree or title)	23b. ADDRESS 1401 Prospect K.C. Mo.	23c. DATE SIGNED 3-31-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-31-50	24c. NAME OF CEMETERY OR CREMATORY Maple Grove	24d. LOCATION (City, town, or county) (State) Blytheville Ark.
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DATE REC'D BY LOCAL REG. 3-31-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner	ADDRESS K.C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

APR 21 1950

1401 Prospect
@H 8347

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Eugene L. Harmon*

Licensed Embalmer No. 4633

P.-O. Address Kansas City, 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.