

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38990**
5164

FILED DEC 6 1952 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

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 Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 44475	
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 2302 E. 55th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Hugh b. (Middle) Wadley c. (Last) Wadley			4. DATE OF DEATH (Month) (Day) (Year) Nov. 21 1952
5. SEX M	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr 5, 1886
9. AGE (In years last birthday) 66		10. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fullman Porter		10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.	
11. BIRTHPLACE (State or foreign country) Memphis Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Wadley		13b. MOTHER'S MAIDEN NAME Hattie Hill	
14. NAME OF HUSBAND OR WIFE Mustie M. Wadley-deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 708-18-8590	
17. INFORMANT'S SIGNATURE OR NAME Henry Wadley bro. Leary Okla.		ADDRESS Okla.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respirational Obstruction ANTECEDENT CAUSES DUE TO (b) Volunered DUE TO (c) Chronic Appenex II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) Jackson City Jackson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-20 , 19 52 , to 11-21 , 19 52 , that I last saw the deceased alive on 11-20 , 19 52 , and that death occurred at 1:00 m., from the causes and on the date stated above.			
23a. SIGNATURE P. C. Turner MD		23b. ADDRESS 1433 E. 19th	
23c. DATE SIGNED 11/24/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-25-52	
24c. NAME OF CEMETERY OR CREMATORY Highland		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 11-25-52		REGISTRAR'S SIGNATURE Sheraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Adkins Bros. Funeral Home		ADDRESS 77-C-mo.	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

C Kenneth Reynolds

Licensed Embalmer No. *4437*

P. O. Address *2600 Tray Ave.*

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.