

No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1948
Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41508
Registrar's No. 272

Primary Registration District No. 5505

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural Bogard Twp
(c) Name of hospital or institution _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 years years, months or days

3. (a) PRINT FULL NAME Earnstena Ade
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 3 1882 (Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business Invalid

MOTHER FATHER

12. Name Christina Ade
13. Birthplace Berndt NY (City, town, or county) (State or foreign country)
14. Maiden name Margaret Beck
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs B O Byers

(b) Address Creighton Mo
17. (a) Burial (b) Date thereof 12 28 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Grant Cem

18. (a) Signature of funeral director Robert Arnold
(b) Address Creighton Mo

19. (a) 12-29-47 (b) R P Kenney (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Rural Bogard Twp (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 26 year 1947 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 18 1947 to Dec 26 1947 that I last saw her alive on Dec 26 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Massive Abdominal Tumor
Invalid since 4 yrs of age
Due to Infantile Paralysis
at age about 4 yrs of age
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 5 1/2
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature J. S. McDonald (M. D. or other) _____
Address Creighton Mo Date signed 12-27-47

RECEIVED

District Health Officer No. 7,

Number 12-47-2014

1-7-18

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..... *Robert Arnold*

Licensed Embalmer No. 3621

P. O. Address Croydon Ma

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.