

FILED JAN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41496**

S. No. 2
-11-10-39
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4889**

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

1. PLACE OF DEATH:

(a) County. Jackson

(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution. Wesley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 3 weeks.

In this community. Now Resident
years, months or days

3. (a) PRINT FULL NAME. James A. Wade

3. (b) If veteran name war. No

3. (c) Social Security No. None

4. Sex. M

5. Color or race. W

6. (a) Single, widowed, married, divorced. Widow

6. (b) Name of husband or wife. Unknown

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

7. Birth date of deceased. Mar 23 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>9</u>		hr. min.

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

10. Usual occupation. Farmer

11. Industry or business. _____

12. Name. Gas. A. Wade

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

14. Maiden name. Sarah F. Morgan

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

16. (a) Informant. Mrs. Damon Burton

(b) Address. Sedan, Kansas

17. (a) Removal (b) Date thereof. 12/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Odessa, Mo.

18. (a) Signature of funeral director. E. H. Newman

(b) Address. Odessa, Mo.

19. (a) Dec. 23, 1940 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Lafayette

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

(d) Street No. 2 mi. N.E. of Odessa
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day Dec
year 1940 hour 2:30 minute P.M.

21. I hereby certify that I attended the deceased from Dec 23
29 1940 to Dec 23 1940

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death. Uræmic Poisoning
nephritis, chronic

Due to _____

Due to _____

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations no

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). no

(b) Date of occurrence. no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place)
(e) Means of injury no

23. Signature. J. F. Mustkey (M. D. or other) _____
Address Kansas City, Mo. Date signed 12.23.40

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.....

P. O. 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, above space should be left blank.