

APR 10 1941  
Registration District No. 702

Primary Registration District No. 4423

Registrar's No.

4000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Polk  
(b) City or town. Fair Play,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Lucy Wakefield  
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 Dec. 30 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 3 I hr. min.

9. Birthplace Polk Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name W.H. Wakefield  
13. Birthplace Polk County, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Elzadia Hayes  
15. Birthplace Polk County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Cordie Hays E  
(b) Address Bolivar, Mo.

17. (a) Burial (b) Date thereof 4 4 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barren Creek

18. (a) Signature of funeral director Barker & Erwin

(b) Address Fair Play, Mo.

19. (a) Apr 7 41 (b) L.R. Stewart  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk 84  
(c) City or town Fair Play 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1  
year 1941 hour 10.30 minute Feb A. M.

21. I hereby certify that I attended the deceased from 21  
to Apr 1, 1941,  
that I last saw her alive on Mon 26 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation  
Duration \_\_\_\_\_

Due to Fatty degeneration of heart

Due to \_\_\_\_\_

Other conditions # 425  
(Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: None  
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 # Means of injury #

23. Signature Chas H. Howard (M. D. or other) 0

Address Fair Play Mo Date signed \_\_\_\_\_

**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 Frank Seable Jr.

Licensed Embalmer No. 4148

P. O. Address Bolivar, 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, above space should be left blank.**