

FILED AUG 10 1942
Registration District No. 178

Primary Registration District No. 3011

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sharp Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 months
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 421 Isley
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Phoebe Jane Wade

3. (b) If veteran, name war _____ 3. (c) Social Security No. No

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Grover Wade 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 7 16 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 0 8 hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Samuel Cummins

13. Birthplace Clay Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Smith

15. Birthplace Clay Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant David J. Hurst

(b) Address Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof 7 26 42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Claude Michael

(b) Address Excelsior Springs, Mo.

19. (a) 7-28-42 Mrs Sade Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7/22 1942 to 7-24 1942
that I last saw him alive on 7-24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Myocardial Infarction
Due to Myocardial Infarction year _____

Due to _____

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

Major findings: Of operations _____

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) _____ (Specify means of injury)

23. Signature Requib Robinson (M. D. or other) 11/25
Address Excelsior Springs, Mo. Date signed 7/27/42

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

24
1
1

1168

11. 30 P M 24

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-7-42

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 _____

Blaude Puchay, Registered Apprentice No. _____
working under my personal supervision.

Signed Blaude Puchay

Licensed Embalmer No. 2751

P. O. Address Excelsior Springs 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.