

V. S. No. 2
 50M-5-42
 7-5-17-39
 I X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 18572

FILED JUN 11 1948

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 68

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

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville
 (c) Name of hospital or institution: St. Francis hospital
 (d) Length of stay: 4 days
 In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Maryville
 (d) Street No. 115 East Edwards
 (e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Hattie I. Wadley

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

4. Sex female 5. Color or race white

6. (b) Name of husband or wife Charles A. Wadley 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept 24 1870

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>15</u>	hr. _____ min.

9. Birthplace Waterloo Iowa

10. Usual occupation housewife

11. Industry or business _____

12. Name John Harrison

13. Birthplace Johnston Penn

14. Maiden name Unknown

15. Birthplace Chas. A. Wadley

16. (a) 115 East Edwards Maryville Mo.

17. (a) burial (b) Date thereof 5-11-43

(c) Place: Miriam cemetery

18. (a) Signature of funeral director Funeral Home

(b) Address Maryville Mo

19. (a) 5-12-43 (b) Mary Cole

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
 year 1943 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov 6th 1941 to May 9th 1943
 that I last saw h. alive on May 9th 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension
 Due to Interstitial Nephritis 5 yrs
Chronic Coronary Sclerosis 2 yrs
 Due to Cardiac hypertrophy 2 yrs
Cardiac dilatation

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

Major findings:
 Of operations none
 Of autopsy none

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? _____
 (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 _____

23. Signature L. E. Dean (M. D. or other) M.D.
 Address Maryville Mo Date signed 5-12-43

Duration
5 yrs

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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..... *J. L. Gee*

Licensed Embalmer No. *25-39*

P. O. Address *Maryville 740*

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.