S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37948

FILED NOV 29 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9993

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
1221 a Walton Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Calloway

(c) City or town Farmington
(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 2

999 NR 15 0

3. (a) PRINT FULL NAME Betty Wade

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry Wade

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased May (Month) 25 (Day) 1862 (Year)

8. AGE: Years 81 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Jeff Hughes
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Jane Alford
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mr. Terry Grier
(b) Address 1221a Walton Ave.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington, Ky.,

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) NOV 15 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1943 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from Nov. 1st, 1943, to Nov 15th, 1943
that I last saw her alive on Nov 14th, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cholecystitis & cholelithiasis	2 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic myocarditis	Several years

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Clyde E. Kane (M. D. or other) M.D.
Address 706 Walton Date signed 4/15/43

(Licensed Embalmer's Statement on Reverse Side)

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 B. W. Wilkinson

Licensed Embalmer No. 3575

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, fact should be so stated above.