

**FILED** Registration District No. **104-23-1945**

Primary Registration District No. **4056**

Registrar's No. **183**

1. PLACE OF DEATH:

(a) County **Butler**  
(b) City or town **Fisk**  
(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 **39 yrs.** (Specify whether years, months or days)  
In this community **39 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**  
(c) City or town **Fisk, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **✓**

3. (a) PRINT FULL NAME **ALTA AMBROSE WADE**

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

4. Sex **Male** 5. Color or race **White** 6. (a)  Single  widowed, married, divorced **No.**  
6. (b) Name of husband or wife **✓** 6. (c) Age of husband or wife if alive **✓** years **12.**  
7. Birth date of deceased **MAY 12, 1906**  
(Month) (Day) (Year)

8. AGE: Years **39** Months **✓** Days **17** If less than one day hr. **✓** min.

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

10. Usual occupation **Farmer**

11. Industry or business **✓**

12. Name **William Cullow Wade**  
13. Birthplace **Willisison Co. Ill.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Thelma Willisison**  
15. Birthplace **Williamson Co. Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George Wade**  
(b) Address **Dyckhoff Bluff, near Bldg 2**

17. (a) **Burial** (b) Date thereof **July 5, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Asky Hill**

18. (a) Signature of funeral director **G. Lloyd Russell**  
(b) Address **Dyckhoff Bluff, Mo.**

19. (a) **7-7-45** (b) **Belle Stinson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2nd.**  
year **1945** hour **12** minute **15** P.M.

21. I hereby certify that I attended the deceased from **May** 19**44** to **July end, 1945**  
that I last saw him alive on **July 2nd, 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Ventricular Failure**

Due to **Chronic Myocarditis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g3d**

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) (e) Means of injury **3**

23. Signature **Geoffrey Campbell** or other **✓**  
Address **Fisk, Mo.** Date signed **7/3/45**

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

12  
0  
0

42

RECEIVED

District Health Office No. 2,

District File Number 745-919

Date Filed 1-23-45

**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, fact should be so stated above.**