

33115

FILED NOV 6 1945  
 Registration District No. 38 Primary Registration District No. 3006 State File No. Registrar's No. 276

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

**1. PLACE OF DEATH:**

(a) County Boone

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

(c) Name of hospital or institution:  
811 Coats St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 Years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Boone /0

(c) City or town Columbia 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 811 Coats St. 4  
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** HUGH BANKS WADE

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

4. Sex Male / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Artis Wade 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 1 - 14 - 1865  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 17 year 1945 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from when met during the last few years, 19\_\_\_\_; that I last saw him alive on do not remember and that death occurred on the date and hour stated above.

Immediate cause of death Coronary block few min. Duration

**8. AGE:**

Years	Months	Days	If less than one day
<u>80</u>	<u>9</u>	<u>13</u>	hr. _____ min. _____

Due to Hardened Arteries long time

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

9. Birthplace Boone County Missouri /  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**11. Industry or business**

12. Name John Wade

13. Birthplace Virginia /  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Johnson

15. Birthplace Boone County Missouri /  
(City, town, or county) (State or foreign country)

**PHYSICIAN**

Major findings: Of operations none / 100

Of autopsy none / 100

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Austin Sapp

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 10-19-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? \_\_\_\_\_

18. (a) Signature of funeral director Parker Funeral Service  
 (b) Address Columbia, Mo.

19. (a) Oct 19 1945 (b) Mrs. R. E. Palmer  
(Date received local registrar) (Registrar's signature)

While at work? No (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature W. P. Bryant (M. D. or other) M.D.  
 Address Columbia, Mo. Date signed 10-17-45

1425

MAR 5 1948

---

---

**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.....

*Thas L. Lanning*

Licensed Embalmer No.....

*4132*

P. O. Address.....

*Lafayette, 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.