

FILED SEP 4 1946
Registration District No. **238**

Primary Registration District No. **4355**

Registrar's No. **161**

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

72
4
0

200.93

1. PLACE OF DEATH:

(a) County: New Madrid

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No (Specify whether years, months or days)

In this community: 25 Years

3. (a) PRINT FULL NAME: EFFIE WADE

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: F 3

5. Color or race: Colored

6. (a) Single, widowed, married, divorced: W 2

6. (b) Name of husband or wife: Jim Wade

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

7. Birth date of deceased: April 7, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>4</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace: Columbus Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: _____

12. Name: Unk.

13. Birthplace: Unk. 9
(City, town, or county) (State or foreign country)

14. Maiden name: Unk.

15. Birthplace: Unk. 9
(City, town, or county) (State or foreign country)

16. (a) Informant: George Wade

(b) Address: New Madrid, Mo.

17. (a) Burial (b) Date thereof: Aug 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sand Hill

18. (a) Signature of funeral director: Richards Und. Co.

(b) Address: New Madrid, Mo.

19. (a) 8/12/46 (b) Helena Louise Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: New Madrid 7

(c) City or town: New Madrid 4
(If outside city or town limits, write "RURAL")

(d) Street No.: City (If rural, give location) 4

(e) Citizen of foreign country? No (Yes or No) 3

If yes, name country: No

20. DATE OF DEATH: Month August day 5
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 1946 to July 1946
that I last saw her alive on July 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Syphilitic Heart Disease

Due to: _____

Due to: _____

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

Major findings: _____

Of operations: _____

Of autopsy: _____

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: _____

23. Signature: Ballinger (M. D. or other) _____

Address: New Madrid Date signed: 8/10/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

210

RECEIVED

District Health Office No. 2,

District File Number 846-1040

Date Filed 8-31-46

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

P. G. Collins

Licensed Embalmer No.

4346

P. O. Address

New Madrid

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.