V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12880

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 25

24

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: on road side 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Smithville 0
(If outside city or town limits, write "RURAL")

(d) Street No. R#2 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME EARNEST WADE

3. (b) If veteran, name war None

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 Delia Douglas Wade

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

7. Birth date of deceased June (Month) 10 (Day) 1888 (Year)

8. AGE: Years 58 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name James Wade
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mattie Ellen Coates
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Mary Fern Stanley
(b) Address R#2 Liberty, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 23 1947 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ IOOF Cem Smithville Mo

18. (a) Signature of funeral director Church-Archer Co
(b) Address Liberty Mo

19. (a) March 23 1947 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 21st
year 1947 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Coroner, 19 to Case, 19;
that I last saw h Coroner alive on Case, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide, By Gun Shot, No. 410 gun

Due to Coroner Case

Due to Coroner Case

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Suicide

(b) Date of occurrence Mar 21st 1947

(c) Where did injury occur? 1 Mi. north of Pleasant Valley (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway, Clay Co. Mo. (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Prather Coroner (M. D. or other)

Address Excelsior Springs Date signed 3-21-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
FEB 5 1947

District File Number
Date Filed 4-15-47

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 John S. Sanborn, Registered Apprentice No. 400, working under my personal supervision.

Signed Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.