

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** AUG 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26625**

Registration District No. **378**

Primary Registration District No. **4551**

Registrar's No. **19**

**1. PLACE OF DEATH:**  
 (a) County **Bright** *Olivia Wade*  
 (b) City or town **Mountain Grove**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **Life**  
years, months or days)

**3. (a) PRINT FULL NAME** **Francis Olivia Wade**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **John F. Wade** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **September 7 1875**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>71</b>	<b>7</b>	<b>3</b>	hr. _____ min.

9. Birthplace **Texas County Missouri**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **at Home**

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name **Melton Thomas McCoy** **9**  
 13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Mary E. Cunningham**  
 15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Otto Wade**  
 (b) Address **Mountain Grove, Missouri**  
 17. (a) **Burial** (b) Date thereof **6/11/1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Dutch Chapel Cemetery**  
 18. (a) Signature of funeral director **[Signature]**  
 (b) Address **Mountain Grove, Missouri**  
 19. (a) **7-28-47** (b) **A.B. Ames**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Wright** **114**  
 (c) City or town **Mountain Grove**  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **10th**  
 year **1947** hour **1** minute **45 A.M.**  
 21. I hereby certify that I attended the deceased from **May 5 - 1947** to **June 10 - 1947**  
 that I last saw her alive on **June 9 - 1947**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations **a7**  
 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) \_\_\_\_\_  
 (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 **0**  
 23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
 Address **Wright, June 10** Date signed **6-11-47**

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

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**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. *3761*

P. O. Address *Mt. Laurel Pa*

**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.**