

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37967

State File No. \_\_\_\_\_  
Registrar's No. 57

FILED NOV 28 1947

Registration District No. 724

Primary Registration District No. 4234

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 90

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Eliza Wadlow

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21  
year 1947 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from 11-8-47 19, to 11-21-47 19;  
that I last saw her alive on 11-21-47 19;  
and that death occurred on the date and hour stated above.

4. Sex fem 5. Color or race White

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

6. (b) Name of husband or wife Wm. E. Wadlow

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

7. Birth date of deceased November 5 1883  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 11-21-47

Due to hyper-tension ?

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

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

8. AGE: Years Months Days If less than one day

64 0 16 hr. \_\_\_\_\_ min.

9. Birthplace Lesterville Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James H. Faulkenberry

13. Birthplace Lesterville Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Welsh

15. Birthplace Bismarck Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmer Kossmehl

(b) Address 4227a Juniata, St. Louis Mo.

17. (a) burial (b) Date thereof 11-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lesterville Mo.

18. (a) Signature of funeral director White Funeral Home

(b) Address P. White Ironton Missouri

19. (a) 11-24-47 (b) Abie Jones 192  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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:

(c) 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? 0

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature P. E. Harland (M. D. or other) M.D.  
Address Ironton, Mo. Date signed 11-24-47

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

RECEIVED

District Health Officer No. 4

District File Number 1147-1491

Date Filed 11-26-47

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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 Richard White

Licensed Embalmer No. 3012

P. O. Address Union Hill

**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.**