

FILED MAR 13 1948
149
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5130

Registrar's No. 855

1. PLACE OF DEATH:

(a) County..... **Jackson**
Kansas City
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Research Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **30 days**
(Specify whether
In this community..... **as above**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Elizabeth ~~Bertz~~ Wade**

3. (b) If veteran, name war..... **no.** 3. (c) Social Security No. **no.**

4. Sex..... **female** 5. Color or race..... **white** 6. (a) Single, widowed, married, divorced..... **married**
6. (b) Name of husband or wife..... **William Edward Wade** 6. (c) Age of husband or wife if alive..... **65** years
7. Birth date of deceased..... **December 8 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 2 10 hr. min.

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

10. Usual occupation..... **at home**

11. Industry or business..... **X**

12. Name..... **Henry Bertz**

13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Emma Heitzman**
15. Birthplace..... **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **William Edward Wade**

(b) Address..... **Bates City, Missouri**

17. (a) **removal** (b) Date thereof..... **2-18-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Lexington, Missouri**

18. (a) Signature of funeral director..... **Stine & McClure**

(b) Address..... **3235 Gilliam Plaza, K. C., Mo**

19. (a) **2-24-48** (b) **Aldredine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **54**
(c) City or town..... **Bates City** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No..... **-** (If rural, give location) **1**
(e) Citizen of foreign country?..... **no.** (Yes or No)
If yes, name country..... **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **February** day..... **18**
year..... **1948** hour..... **4:40** minute..... **A.** M.

21. I hereby certify that I attended the deceased from..... **5** 19**46** to..... **2-17** 19**48**
that I last saw her alive on..... **2-17** 19**48**
and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death..... **primary Carcinoma of the Thyroid gland** **2 yrs.**
Due to..... **Thyroid cancer**
Due to..... **Wound disrupting 2-5-48**

Other conditions..... **462**
(Include pregnancy within 3 months of death)

Major findings: **Cancer of the left** **PHYSICIAN**
Of operations..... **Thyroid gland** **Underline the cause of which death should be charged statistically.**
Op. 1-5-46 2-5-48.
Of autopsy..... **Op. 2-17-48.**
Cancer retro peritoneal.

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?..... (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... **[Signature]** (M. D. or other) **0**

Address..... **[Address]** Date signed..... **2/23/48**

MOTHER FATHER

Dr. C. J. Hunt

proof holding

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

J. C. Hunt
.....
Licensed Embalmer No. *41519*
P. O. Address *15 C me*

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.