S. No. 3
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5131

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 875

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 839 W. 59th St. / (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: 60 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No.: 839 W. 59th St. (If rural, give location) 8 0

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

If yes, name country

3. (a) PRINT FULL NAME: JAMES O. WADE

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

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

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

7. Birth date of deceased: February (Month) 18 (Day) 1862 (Year)

8. AGE: Years 86 | Months 0 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Schuyler County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Contractor

11. Industry or business: Self

FATHER
12. Name: James M. Wade
13. Birthplace: Burlington (City, town, or county) Iowa (State or foreign country) /

MOTHER
14. Maiden name: Susan Grogen
15. Birthplace: Burlington (City, town, or county) Iowa (State or foreign country) /

16. (a) Informant: Mrs. Fay F. Waters

(b) Address: 839 W. 59th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Moriah Cemetery

18. (a) Signature of funeral director: Gates Funeral Home

(b) Address: Kansas City, Kansas

19. (a) 2-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24 year 1948 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-24, 1948 to time of death that I last saw him alive on 2-24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	2 days
Due to: arteriosclerotic Heart Disease	10 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93 d	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Leo M. Muller (M. D. or other)

Address: 3548 Indiana Date signed 2-24-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

3548 Indiana
Dr. Muller

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 Jimmy S. Hutchison

Licensed Embalmer No. 4092

P. O. Address Mission, Kansas

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.