

Registration District No. **228**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months
In this community Life time
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME NOEL ELLETT BADE
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 10
year 1948 hour 9 minute 55 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: February 15 1910
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1941, 19____, to 11-10-48, 19____;
that I last saw h. 107 alive on 11-10-48, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 8 Months 3 Days 25
If less than one day hr. _____ min. _____

Immediate cause of death Cardiac Decompensation Duration 6mo.
Due to Hypertension & hyperextension 7 yrs.

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

Due to Congenital Aortic valves
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Student

Major findings:
Of operations _____
Of autopsy as above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Noble Leslie Bade
13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Juanita Miller
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Noble L. Bade
(b) Address Route 1, Springfield, Mo.

17. (a) Burial (b) Date thereof 11-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 11-12-48 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

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 ✓

23. Signature E. J. Schwartz (M. D. or other) _____
Address Mid City Bldg. Springfield Date signed 11-10-48

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 Bernard F Wright

Licensed Embalmer No. 4293

P. O. Address Springfield

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.