

FILED MAY 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17768  
4093

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

MR

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MISSOURI		a. STATE Missouri	
c. LENGTH OF STAY (in this place) 4 DAYS		b. COUNTY Greene	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
		d. STREET ADDRESS (If rural, give location) 629 East Grand	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ARCHIE	b. (Middle) WADSWORTH	c. (Last)	MAY 2 1949		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 16, 1874	9. AGE (in years last birthday) 74	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indiana /	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME George Kenedy	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Wadsworth, Springfield, Mo.	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE		DUPLICATE		2 YRS
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) GENERALIZED ARTERIOSCLEROSIS		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL ARTERIOSCLEROSIS		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93rd
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H200

22. I hereby certify that I attended the deceased from APRIL 28, 1949, to MAY 2, 1949, that I last saw the deceased alive on MAY 2, 1949, and that death occurred at 2/16 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F R Bradley	23b. ADDRESS M.D. Barnes Hospital	23c. DATE SIGNED 5/2/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-6-49	24c. NAME OF CEMETERY OR CREMATORY Clear Creek	24d. LOCATION (City, town, or county) (State) Near Springfield, Mo.
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DATE REC'D BY LOCAL REG. MAY 6 1949	REGISTRAR'S SIGNATURE J B Sasater	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.
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APR 24 1958

MAY 18 1949  
1949

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clement McNear*

Licensed Embalmer No.

*3732*

P. O. Address

*St. Louis*

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.