No. 2
-12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Shup.
State File No. 14765

Registration District No. 316 | Primary Registration District No. 3061 | Registrar's No. 121

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 312 Bennett, Flat River, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED: 94 5 20
(a) State Missouri (b) County St. Francois
(c) City or town Flat River
(If outside city or town limits, write "RURAL")
(d) Street No. 312 Bennett
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Elijah Dickey Wadlow
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lucy Coil | 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct (Month) 20 (Day) 1851 (Year)

8. AGE: Years 95 | Months 5 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Lesterville, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Self

MOTHER FATHER
12. Name Elijah D. Wadlow
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Nancy E. Brawley
15. Birthplace Unknow (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Crocket
(b) Address Flat River, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlown Cemetery
18. (a) Signature of funeral director Spradling Funeral Home
(b) Address 300 Taylor Flat River Mo.
19. (a) 4-15-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 Th year 1947 hour 9:30 minute A.M.
21. I hereby certify that I attended the deceased from March 15, 19 47, to April 5, 19 47, that I last saw him alive on April 5, 19 47, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Pneumonia	3 days
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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:
(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 [illegible] (M. D. or other)
Address [illegible] Date signed 4-11-47

289 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 47-558

Date Filed 4-21-47

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 Murphy L Sparkman

Licensed Embalmer No. 4236

P. O. Address Flat River Mo

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.