

REC'D AUG 3 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

26250

Do not use this space.

## 1. PLACE OF DEATH

(a) County Merced Registration District No. 556  
 (b) Township Ravenna Primary Registration District No. 5757  
 (c) City Ida (d) Street No. 40 St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 634 Ida Mae Bardwell St. Ida  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1927  
 7. AGE YEARS 12 MONTHS 1 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME David Bardwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ida

15. MAIDEN NAME Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ida

17. INFORMANT Ernie Bardwell (ADDRESS) Grinnell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grinnell DATE July 30, 1939

19. FUNERAL DIRECTOR Noel Mass (ADDRESS) Grinnell Mo.

20. FILED 7/30 19 39 J M Barry Loc. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27, 19 39

22. I HEREBY CERTIFY, That I attended deceased from July 25<sup>th</sup>, 1939, to July 27, 1939  
 I last saw h.e. alive on July 25, 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Typhoid fever  
Pneumonia  
Toxemia  
Septicemia  
 Date of onset 6/30/39

Other contributory causes of importance: Typhoid fever

Name of operation No Date of No

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury No  
 Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) M. S. Bartlett D.O.

494 (Address) Grinnell Mo

STATEMENT BY LICENSED EMBALMER

I, Joel Mass, Licensed Embalmer No. 2634  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Joel Mass  
Licensed Embalmer No. 2634

**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.)**