

35477

DEC 15 1939

Registration District No. 266

Primary Registration District No. 7164

Registrar's No. 92

1. PLACE OF DEATH:

(a) County DeWitt

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

(c) Name of hospital or institution _____
(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 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County DeWitt

(c) City or town Salem, mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (c) PRINT FULL NAME Margaret E. Warden 635

3. (b) If veteran, name war _____ 3. (e) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15
year 1939 hour 4:00 minute _____ P. M.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Ben Warden 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9 10 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-25-39, 19____, to 11-15-39, 19____; that I last saw her alive on 11-6, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

83 2 5 _____ hr. _____ min.

Immediate cause of death myocardial heart disease Duration _____

9. Birthplace Kentucky _____
(City, town, or county) (State or foreign country)

Due to chronic nephritis - hypertension

10. Usual occupation Housewife

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 151

11. Industry or business _____

Major findings: Of operations _____

MOTHER FATHER { 12. Name John Pace

Of autopsy _____

13. Birthplace Kentucky _____
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Polly Wase _____
(City, town, or county) (State or foreign country)

15. Birthplace Kentucky _____
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant's own signature Alph Warden

(a) Accident, suicide, or homicide (specify) _____

(b) Address Salem mo

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 11/16/1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)

(c) Place: burial or cremation Warden Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director John G. Smith

While at work? _____ (Specify type of place) (e) Means of injury _____

(b) Address Salem mo

23. Signature Jas Dui Sord (M. D. or other) D.O.

19. (a) Nov 16 1939 (b) F. O. Kuttler M.D.
(Date received local registrar) (Registrar's signature)

Address Salem, mo Date signed 11-16-39

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.

RECEIVED

District Health Officer No. 5,

Signed.....

District File Number 1239475

Licensed Embalmer No.....

Date Filed 12/3/39

P. O. Address.....

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, above space should be left blank.