No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14398

MAY 13 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 487

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

1. PLACE OF DEATH:

(a) County Buchanan,

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

(c) Name of hospital or institution: St. Joseph's Hospital, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days, (Specify whether

In this community 12 days, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew,

(c) City or town Fillmore, (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. (a) PRINT FULL NAME Wesley Earl Wardlow,

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Lola V. Wardlow,

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 5th. 1892 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	11	24	hr. min.

9. Birthplace Andrew County, (City, town, or county) Missouri, (State or foreign country)

10. Usual occupation Truck Driver,

11. Industry or business Trucking, self,

FATHER
12. Name Milton Wardlow,
13. Birthplace Unknown, (City, town, or county) Ohio, (State or foreign country)

MOTHER
14. Maiden name Laura Killen,
15. Birthplace Saint Joseph, (City, town, or county) Missouri, (State or foreign country)

16. (a) Informant Mrs Wesley E. Wardlow

(b) Address Fillmore, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/40 (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore, Mo. Cemetery

18. (a) Signature of funeral director Keaton - Br Gale & Bowman Funeral

(b) Address 319 S.10th. Street, Home

19. (a) Apr. 29 1940 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th, year 1940 hour 3:00 minute 15 a M.

21. I hereby certify that I attended the deceased from 4-16-40, 19__, to 4-28-40, 19__; that I last saw him alive on 4-27-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Post Op. Shock. — Duration 3 days

Due to Gastric hemorrhage — 6 mo.

Due to Cause unknown.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No ulcers of stomach or duodenum

Of autopsy None.

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? (Specify type of place)

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While at work? (e) Means of injury

23. Signature Paul Forgan (M. D. ~~or other~~)

Address St Joseph, Mo Date signed 4-29-40

(Licensed Embalmer's Statement on Reverse Side)

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 Wm E Summerfield

Licensed Embalmer No. 3007

P. O. Address 519 So. 10 St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.