

Registration District No. 903

Primary Registration District No. 4545

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Grant City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Worth
(c) City or town Grant City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1941 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 14 1941
to April 14 1941
that I last saw her alive on April 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma
Diabetes
Duration 2 1/2 hrs
1 1/2 hrs

Due to ✓

Due to ✓ bl

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 [Signature] (M. D. or other) _____
Address [Address] Date signed 4/14/41

3. (a) PRINT FULL NAME IDA ANN WARDEN

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

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

6. (b) Name of husband or wife James Warden 6. (c) Age of husband or wife if alive _____ years
Birth date of deceased July 11 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 3 hr. _____ min. _____

9. Birthplace Grant City MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Patton
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Hagant
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant James Warden
(b) Address Grant City MO

17. (a) Burial (b) Date there of 7-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honey Brook

18. (a) Signature of funeral director [Signature]

(b) Address Grant City MO

19. (a) May 5, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER'S MAIDEN NAME

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.....

Arch C. Duffee

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.