

FILED JUN 19 1942

Registration District No. 538

Primary Registration District No. 5726

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural - Twelve Mile Sup # 32
(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 8 years years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Rural - Twelve Mile Sup # 32
(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 _____

3. (a) PRINT FULL NAME Charles David Wardlaw

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1942 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 29
1942 to May 29 1942
that I last saw him alive on May 29 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edige Shunklin Wardlaw 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: Aug 5 1872
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis
Arteriosclerosis

Due to _____ years

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 69 Months 9 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Rodgers Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations none

Of autopsy none

MOTHER FATHER

11. Industry or business _____

12. Name Robert Wardlaw

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

14. Maiden name Mary Garrett

15. Birthplace Benton Co Arkansas
(City, town, or county) (State or foreign country)

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 W E Brumser MD (M. D. or other)

Address Fredricktown Mo. Date signed 5/30/42

16. (a) Informant Joe Wardlaw

(b) Address 8820 Burton ave St Louis Mo.

17. (a) Burial (b) Date thereof June 1 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martin Tennessee

18. (a) Signature of funeral director Ed. H. H. H.

(b) Address Fredricktown Mo.

19. (a) May 30 1942 (b) S. C. Slaughter
(Date received local registrar) (Registrar's signature)

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

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481

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1942

RECEIVED

District Health Officer No. 4
District File Number 642-796
Date Filed 10-16-42

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 Ed. H. Webb

Licensed Embalmer No. 731

P. O. Address Frederick Town

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.