

FILED FEB 23 1943

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monetta, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Aurora Hospital - 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs.
(Specify whether years, months or days)
In this community All her life

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Hilda R. Warmington

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

4. Sex Female 5. Color or race White 6. (a) ~~Single~~ Married
6. (b) Name of husband or wife Wm. H. Warmington 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Sept. 14, 1894

8. AGE: Years 48 Months 3 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Wheaton, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Wm. H. Warmington

12. Name F. B. Phillips

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

14. Maiden name Rachel Gilmore

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

16. (a) Informant Wm. H. Warmington

(b) Address Monett, Mo. R.R.

17. (a) Burial (Burial, exhumation, or removal) (b) Date thereof Jan 15 - 1943
(Month) (Day) (Year)

(c) Place: burial or cremation New City Cemetery

18. (a) Signature of funeral director H. A. Babcock

(b) Address Monett, Mo.

19. (a) Feb 2 1943 (Date received local registrar) (b) Constance Stover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1943 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 13 1943 to Jan 13 1943 that I last saw her alive on Jan 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 45 days

Due to Ruptured appendix 6 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/11

PHYSICIAN
Major findings: Ruptured Appendix
Of operations _____
Of autopsy _____

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) Place of injury U

23. Signature Frank R. W. M.D. (M. D. or other)

Address Monett, Mo. Date signed 1/15/43

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

2
-41
39
26390

1156

RECEIVED

District Health Officer No. 6;

District File Number 243-279

Date Filed FEB 19 1943

FEB 24 1955

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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, Mo.

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

If this body is not embalmed, fact should be so stated above.