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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18249

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 1 N. 16th St.
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette 54

(c) City or town Lexington, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. N. 16th St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Jesse W. Warder

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

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

6. (b) Name of husband or wife Fannie Whittlissy 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 14 (Day) 1855 (Year)

8. AGE: Years 87 Months 10 Days 20 If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business farmer

FATHER
12. Name Joseph Warder
13. Birthplace ..... (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Jane White
15. Birthplace Odessa (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Fannie Warder
(b) Address Lexington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Winkler
(b) Address Lexington, Mo

19. (a) May 5-43 (Date received local registrar) (b) Mrs. F. Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1943 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from 3/4/43, 19..., to 4/3/43, 19..., that I last saw him alive on April 4, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac & renal failure

Due to Malignant Liver, Septic Cystitis Chronic Nex Cardiac

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other)
Address Kearney Mo Date signed 4/5/43

(Licensed Embalmer's Statement on Reverse Side)

Payne

District No. 8,

District File Number .....

Date Filed 5-15-43

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. Levi M. McLean

Licensed Embalmer No. 2983

P. O. Address Lewiston Me

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.