

FILED JAN 13 1948

Registration District No. **194** Primary Registration District No. **5720**

1. PLACE OF DEATH: *Liberty Sup. Mason*

(a) County *Mason*

(b) City or town *Bever* *Rural*

(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Mason 61*

(c) City or town *Bever* *Rural*

(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 *FDA MARY WARFIELD*

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

4. Sex *Female* 5. Color or race *wh*

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

6. (b) Name of husband or wife *W. H. Warfield* 6. (c) Age of husband or wife if alive *75* years

7. Birth date of deceased *7-12-1870*

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

*73 5 3* hr. min.

9. Birthplace *Bever Mo*

(City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

11. Industry or business *✓*

12. Name *Isaac Lewis*

13. Birthplace *Bever Mo*

(City, town, or county) (State or foreign country)

14. Maiden name *Paulina Barnes*

15. Birthplace *Kennett Mo*

(City, town, or county) (State or foreign country)

16. (a) Informant *W. H. Warfield*

(b) Address *Bever Mo*

17. (a) *Burial* (b) Date thereof *12-17-43*

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Blymester County*

18. (a) Signature of funeral director *W. H. Edwards*

(b) Address *Bever Mo*

19. (a) *12-23-43* (b) *Winnie J. Rowland*

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *12* day *15*

year *1943* hour *1* minute *25* P. M.

21. I hereby certify that I attended the deceased from *8-24-43*

*12-12* 19*43* to *19*

that I last saw h. e. r. alive on *12-12* 19*43*

and that death occurred on the date and hour stated above.

Immediate cause of death *Carcinoma of uterus with metastases of liver.*

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions *1482*

(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? *✓*

While at work? \_\_\_\_\_ (Specify type of place)

By Means of Injury *21*

23. Signature *W. H. Edwards* (Specify D. or other)

*Winnie J. Rowland* Date signed *12/21/43*

Address \_\_\_\_\_

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

MOTHER FATHER

1289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 1-44-139

Date Filed JAN 12 1944

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

*J. G. Edwards*

Licensed Embalmer No.

1961

P. O. Address

Beris 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.