

Registration District No.

Primary Registration District No.

3021

Registrar's No.

275

1. PLACE OF DEATH

(a) County Grundy
(b) City or town Lee's Fork
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
311 West 10th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ALMA J. WARDEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife P. W. Warden 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 19 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 18 If less than one day _____ hr _____ min.

9. Birthplace Wayne County Penna
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None
12. Name Widowess Gorman
13. Birthplace Wayne County Penna
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Corbin
15. Birthplace John Chateaugay N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence A. Warden
(b) Address Mercer Mo.

17. (a) Burial (b) Date thereof 7-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2 3/4 A.M. Denton Mo.
(a) Signature of funeral director James A. Lewis
(b) Address Denton, Missouri
(c) 7-8-44 (d) Dr. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy MO
(c) City or town Denton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 311 West 10th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1944 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from 8-27- 1941, to 6-7- 1944
that I last saw her alive on June 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Arteriosclerosis

Due to Hypertension

Other conditions 92d
(Include pregnancy within 3 months of death)

Major findings: 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? _____

(Specify type of place) _____
While at work? _____ (c) Means of injury Heart
23. Signature W. A. Jussou (M. D. or other) MD
Address Denton Mo Date signed 7-8-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

40
2

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.....

Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Robert A. Linn*.....

Licensed Embalmer No. *3424*.....

P. O. Address *Denton, Mo.*.....

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

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