

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1944

State File No. \_\_\_\_\_

Registration District No. 366

Primary Registration District No. 6241

Registrar's No. 46

1. PLACE OF DEATH:

(a) County: Washington

(b) City or town: Butler

(c) Name of hospital or institution: camp

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 (Specify whether)

In this community: \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo

(b) County: Washington

(c) City or town: Butler Rural 110

(If outside city or town limits, write "RURAL")

(d) Street No.: near Paton (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: ?

3. (a) PRINT FULL NAME: Jelly Warden

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex: F

5. Color or race: wh

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: John Warden

6. (c) Age of husband or wife if alive: 36 years

7. Birth date of deceased: Jan 15 1908 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 4-44 1944 to Sept 6 1944 that I last saw h. alive on Sept 5 1944 and that death occurred on the date and hour stated above

Immediate cause of death: Adipose Tissue Duration 3 weeks

8. AGE: Years 23 Months 7 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: \_\_\_\_\_

11. Industry or business: House work

12. Name: John A Studdard

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

14. Maiden name: Johns

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

16. (a) Informant: John A Studdard

(b) Address: Dulman Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 7 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Paton

18. (a) Signature of funeral director: John L Sparks

(b) Address: Paton Mo

19. (a) 9-7-44 (Date received local registrar) (b) Joseph L. Runyan (Registrar's signature)

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

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

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

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN: 94 R

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)

(c) Means of injury: \_\_\_\_\_

23. Signature: J. J. Danforth (M. D. or other)

Address: Paton Date signed: 9/6/44

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

1000

RECEIVED

District Health Officer No. 4  
District File Number 1044-4455  
Date Filed 10-11-44

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

*Edward Spahr*  
.....  
Licensed Embalmer No. 4257

P.O. Address Flat River 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.**