

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED DEC 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 15

Primary Registration District No. 5073

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural Northfork
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 mile north west of Jasper Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mile north west Jasper, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Laura Jane Wardlow

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas Wardlow 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased June 14th, 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business Same

MOTHER FATHER { 12. Name John Palmer
13. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Wardlow

(b) Address Jasper, Mo.

17. (a) Burial (b) Date thereof 10-2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waters Cem.

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper, Mo.

19. (a) 10-1-44 (b) Martha River
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1944 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-1-1944 to 10-31-1944
that I last saw her alive on about Sept-1-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 170

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Knott M.D. M.D. _____

Address Jasper, Mo. Date signed 11-1-44

1179

(Licensed Embalmer's Statement on Reverse Side)

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

