

FILED MAY 3 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13288

State File No. _____

Registration District No. 100

Primary Registration District No. 5390

Registrar's No. 20

33
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Deut Co.
 (a) County Deut Co.
 (b) City or town Rural Spring Creek Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 82 years.
years, months or days

3. (a) PRINT FULL NAME Louis Albert Warfel
 3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M D 5. Color or race W 6. (a) Single, widowed, married, divorced W.
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Aug 29 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 18 If less than one day _____
hr. min.

9. Birthplace Penn. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business _____

MOTHER FATHER { 12. Name Jasper A. Warfel
 13. Birthplace Ellen Penn. _____
(City, town, or county) (State or foreign country)
 14. Maiden name Ellen Hopkins
 15. Birthplace Penn. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Clay de Warfel
 (b) Address Salem, Mo

17. (a) Burial (b) Date thereof 4-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director Hobson & Grantham
 (b) Address Salem Mo.

19. (a) 4-11-45 (b) J. W. Mc Lirby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Deut.
 (c) City or town Salem 33
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
 year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to High Blood Pressure

Due to _____

Other conditions _____
(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? Home
(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 _____

Signature J. W. Mc Lirby MD (M. D. or other Parony)
 Address Salem Mo Date signed 4-11-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1177

RECEIVED

District Health Officer No. 5,

District File Number

545-234

Date Filed

5. 7. 45 -

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.....

Licensed Embalmer No.....

P. O. Address.....

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.