

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27496

State File No. _____

FILED SEP 13 1945

Registration District No. _____

Primary Registration District No. 4227

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Craig, Craig Mo
(c) Name of hospital or institution: None
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 hours
years, months or days

8. (a) PRINT FULL NAME Mr Archie Wardlow
8. (b) If veteran, name war none
8. (c) Social Security No. none

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 28, 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	hr. min.

9. Birthplace Craig Mo MO.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Merle Wardlow

13. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Faye Maassen

15. Birthplace Valley Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Wm. Wardlow

(b) Address Craig, Mo.

17. (a) Dussell (b) Date thereof 8/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Wilbur A. Schaefer

(b) Address Craig, Mo.

19. (a) Q-30-45 (b) Pauline Sawyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Holt
(c) City or town Craig, Mo
(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.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1945 hour 4 minute pm M.

21. I hereby certify that I attended the deceased from Aug 28, 1945, to Aug 29, 1945, that I last saw him alive on Aug 29, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Due to Smoking

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations None

Of autopsy None

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)

(e) Means of injury _____

23. Signature Ja. Channing (M. D. or other)

Address Winnest City Mo Date signed 8-29-45

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

Rev. 5-17-39 1 X1081

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1125

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Wilber L. Schooler*.....
Licensed Embalmer No..... *3997*.....
P. O. Address..... *Craig, 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, above space should be left blank.