

FILED NOV 13 1945

Registration District No. 100

Primary Registration District No. 3018

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

1. PLACE OF DEATH:

(a) County Dent
(b) City or town SALEM
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ZELMA Ethel WARDEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced m!
6. (b) Name of husband or wife Howard WARDEN 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased 3-14-1921
(Month) (Day) (Year)

8. AGE: Years 24 Months 6 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Dent Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sam Gibbs

13. Birthplace Dent Co Mo. (City, town or county) (State or foreign country)

14. Maiden name Bertrude Barnes

15. Birthplace Dent Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Howard Warden

(b) Address Salem Mo.

17. (a) Burial (b) Date thereof 10-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cem

18. (a) Signature of funeral director Hobson - Grantham

(b) Address Salem Mo.

19. (a) 10-7-45 (b) M. M. Hart, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dent
(c) City or town Salem
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month C 5th day 06th
year 1945 hour 7 minute 30 P.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 Capillary embolism
Due to Child Birth getting up & down and the flow stopping
Due to _____

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

Major findings: Of operations Clots in Blood stream
Of autopsy no

PHYSICIAN

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 3
23. Signature O. G. Gilbert (M. D. or other) Carman
Address Salem Mo. Date signed 9-6-45

1425

RECEIVED

District Health Officer No. 5,

District File Number 1145-S-13-

Date Filed 11-9-45

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.....

me

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

working under my personal supervision.

Signed Orville E. Krieger

Licensed Embalmer No. 3546

P. O. Address St James 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.