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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20781

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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

19653

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 hours (Specify whether

In this community 18 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")

(d) Street No. 403 W. "C" Street 5 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Zoa Della Warden

3. (b) If veteran, name war * * *

3. (c) Social Security No. * * *

4. Sex Fem

5. Color or race W

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

6. (b) Name of husband or wife Rufus Warden

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

7. Birth date of deceased February 2, 1870 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Reedsville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home duties

11. Industry or business

FATHER
12. Name J. M. Gilbert
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary F. Oxley
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant O. E. Warden
(b) Address 516 Porter, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Mo.

19. (a) 5-23-46 (Date received local registrar) (b) Ed [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1946 hour 2 minute a M.

21. I hereby certify that I attended the deceased from June 22 1944 May 22 1946 that I last saw her alive on May 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus — Duration 1 Day

Due to Hypertension — 2 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations None

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(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? (Specify type of place)

While at work (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 5/24/46

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(Licensed Embalmer's Statement on Reverse Side)

46-5-484

SEP 5 1947

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin, 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.