

FILED SEP 8 1947

Registration District No. **23**

Primary Registration District No. **6273**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **Worth**
(b) City or town **Rural-Fletcher**
(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 **life**
(Specify whether years, months or days)

3. (a) PRINT

FULL NAME **Silas E. Warden**

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Florence Warden**
6. (c) Age of husband or wife if alive **5** years
7. Birth date of deceased **June 5** 1863
(Month) (Day) (Year)

8. AGE: Years **84** Months **2** Days **13**
If less than one day hr. min.

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business

12. Name **John Warden**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Ellen Wagament**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fay Warden**
(b) Address **Grant City, Mo.**

17. (a) **Burial** (b) Date thereof **8-20-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Honey Grove Cemetery**

18. (a) Signature of funeral director **Arch C. Duffer**

(b) Address **Grant City, Mo.**

19. (a) **Aug 26 '47** (b) **Leta E. Lawson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **18**
year **1947** hour **12:00** minute **noon**

21. I hereby certify that I attended the deceased from **Jan** 19 **46** to **Aug 18** 19 **47**;
that I last saw him alive on **Aug 17** 19 **47**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial degeneration of heart**
Due to **✓**
Due to **✓**

Other conditions **✓**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **✓**

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) (e) Means of injury **0**

23. Signature **Thos M D** (M. D. or other)

Address **Grant City, Mo.** Date signed **Aug 18 47**

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Arch C. Dwyer

Licensed Embalmer No..... *3252*

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.