

FILED NOV 28 1947

Registration District No. 198

Primary Registration District No. 4310

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

1. PLACE OF DEATH:  
 (a) County Macon  
 (b) City or town Brewis  
 (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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Macon  
 (c) City or town Brewis  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME C. O. WARDLELL  
 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 Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: 7-1-1873  
 (Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Coal Miner

11. Industry or business \_\_\_\_\_

12. Name B. M. Wardell 4

13. Birthplace England 4  
 (City, town, or county) (State or foreign country)

14. Maiden name Yellie Roberts

15. Birthplace Cape Girardeau Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Wardell

(b) Address Brewis Mo

17. (a) Burial (b) Date thereof 11-10-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: East Oakwood

18. (a) Signature of funeral director: A. E. Edwards

(b) Address Brewis Mo

19. (a) Nov. 17-47 (b) Josephine King  
 (Date received local registrar) (Registrar's signature) 2 1/2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7  
 year 1947 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from 10-26-1947  
 to 11-7-1947  
 and that death occurred on the date and hour stated above.  
 that I last saw him alive on 11-7-1947

Immediate cause of death: Acute Respiratory Infection Duration 10 days

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions: Cardio-vascular Disease 2 or more years

Major findings:  
 Of operations \_\_\_\_\_  
 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:

(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 J. P. Conway (M. D. or other) \_\_\_\_\_  
 Address Macon Mo Date signed 11/14/47

RECEIVED  
District Health Officer No. 1  
District File Number 11-47-161  
Date Filed NOV 25 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

*J. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address Becks, 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.**