

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38944

State File No. _____

FILED DEC 8 1947
Registration District No. _____

Primary Registration District No. 5770

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Mercer

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

(c) Name of hospital or institution: _____
(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 Mercer

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

(d) Street No. Madison Township
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1947 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov 22
1947 to Nov 25, 1947
that I last saw him alive on Nov 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: Senility

Due to: _____

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

Major findings: _____
Of operations: _____

Of autopsy: _____

Duration: 1 yr

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

3. (a) PRINT FULL NAME William 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 Sarah Warden 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept 22 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace: _____
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

12. Name Parot Warden

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

14. Maiden name Unknown

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

16. (a) Informant William W. Warden
(b) Address Mill Grove Mo RFD

17. (a) Burial (b) Date thereof Nov-28-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksburg, Campbell Co, Mo

18. (a) Signature of funeral director Schubert Funeral Home
(b) Address Spickard Mo

19. (a) 11-29-47 (b) M. J. Ruff
(Date received local registrar) (Registrar's signature)

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 M. J. Ruff (M. D. or other) _____
Address Clarksville, Mo Date signed 11/29/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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.....

Ross Wise

Licensed Embalmer No.....

3771

P. O. Address.....

Spickard 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.