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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Henry (Clinton)
(b) City or town ~~Brownington Rural~~ 0
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of ~~hospital or~~ institution: Wetzel Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days (Specify whether
In this community at life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County HENRY 1/2
(c) City or town Brownington Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R F D H 2 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME AUDRA, M, WARBURTON
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F
5. Color or race W
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 Oct (Month) 29 (Day) 1939 (Year)

8. AGE:	Years	Months	Days	If less than one day
	8	2	12	..... hr. ..... min.

9. Birthplace Henry Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation at Home
11. Industry or business .....
FATHER
12. Name Lloyd Warburton 0
13. Birthplace Green Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Birdie McClaren 0
15. Birthplace Henry Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Lloyd Warburton
(b) Address Brownington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem Cem.
18. (a) Signature of funeral director Consalus & Peck
(b) Address Clinton Mo
19. (a) 1-12-48 (Date received local registrar) (b) R R Kenney (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 10 day 4
year 48 hour 12 minute P M.
21. I hereby certify that I attended the deceased from Dec 15 1947 to Jan 10 1948
that I last saw h[illegible] alive on Jan 11 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Nephritis	
Cause unknown	
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury —
23. Signature Gus S Wetzel (~~M. D.~~ or other) DO
Address Clinton Mo Date signed Jan 12, 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 12-42-3041
Date Filed 1-29-48

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. E. Consalvi

Licensed Embalmer No. 1891

P. O. Address Clinton 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.