

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **247**

1. PLACE OF DEATH:
(a) County **Bellaway**
(b) City or town **Fulton**
(c) Name of hospital or institution: **State Hospital No. 1**
(d) Length of stay: In hospital or institution **27 years 11 months**
In this community **Same**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Lafayette**
(c) City or town **Lexington**
(d) Street No. **54**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **ELBERT J. WARDER**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **8** day **19**
year **1948** hour **2** minute **P.** M.

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S.**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive **27** years **1889**

21. I hereby certify that I attended the deceased from **8-9-48** 19, to **8-19-48** 19;
that I last saw him alive on **8-19-48** 19;
and that death occurred on the date and hour stated above.

8. AGE: Years **58** Months **7** Days **22**
If less than one day hr. min.

Immediate cause of death **Dry Gangrene both lower extremities** Duration

9. Birthplace **Lexington Mo**
10. Usual occupation **Farmer**

Due to.....
Due to.....
Other conditions.....
Major findings:
Of operations.....
Of autopsy.....

MOTHER FATHER
11. Industry or business.....
12. Name **H.W. Warder**
13. Birthplace **D.K.**
14. Maiden name **D.K.**
15. Birthplace **D.K.**

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

16. (a) Informant **Hospital Record**
(b) Address **Fulton Mo.**
17. (a) **Removal** (b) Date thereof **8-19-48**
(c) Place: burial or cremation **Lexington, Mo**
18. (a) Signature of funeral director **Walter J. Turner**
(b) Address **776 1/2 S. Fulton, Missouri**
19. (a) **8-19-1948** (b) **Jesse Norwalk**

While at work..... (Specify type of place)
(2) Means of injury **P.S. Tate M.D.**
Signature **P.S. Tate M.D.** (M. D. or Other)
Address **Fulton Mo** Date signed.....

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

RECEIVED
District Health Officer No. 9,
District File Number AUG 24 1919
Date Filed

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 *Peniel C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton 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.