

M: *Mary*

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11051
Do not use this space.

REC'D APR 5 1938

1. PLACE OF DEATH

(a) County *Jasper* Registration District No. *408*
(b) Township _____ Primary Registration District No. *3020* Registered No. _____
(c) City *Carthage* (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Ida Gene Bardwell* *634*

(a) Residence, No. *1333 S. Main Street* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Charles S. Bardwell*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 19, 1869*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *At home*
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) *Cherokee* |
(STATE OR COUNTRY) *Kansas* |

FATHER 13. NAME *Wm H Clark* |
14. BIRTHPLACE (CITY OR TOWN) *Unknown* |
(STATE OR COUNTRY) *Wis* |

MOTHER 15. MAIDEN NAME *Augusta Weygant*
16. BIRTHPLACE (CITY OR TOWN) *Almond*
(STATE OR COUNTRY) *N. Y.*

17. INFORMANT *Shelma Bardwell*
(ADDRESS) *Carthage Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Park Cemetery* DATE *Mich 15 1938*

19. FUNERAL DIRECTOR *Knell Mortuary*
(ADDRESS) *Carthage Mo.*

20. FILED *Mar 14 1938* *W.M. Howard M.D.*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 12 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Apr. 26 1932* to *Mar 12 1938*
I last saw her alive on *Mar 12 1938*. Death is said to have occurred on the date stated above, at *3:25 p.m.*
The principal cause of death and related causes of importance were as follows:

Myocardial fibrosis Date of onset *1935*
1931
Other contributory causes of importance: *respiration, chronic* *1936*

Name of operation *none* Date of _____
What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *Emory J. Winters*, M. D.
(Address) *Carthage*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, P. W. K. null, Licensed Embalmer No. 814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed P. W. K. null
Licensed Embalmer No. 814

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.)