

DEC 13 1941

886

4527

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Washington
 (b) City or town Grandale, Mo
 (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 _____ 1 _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Lula L. Wardens

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Robert Wardens 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased Feb 27 1882
 (Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation _____
 11. Industry or business House wife

12. Name Jae Palitte
 13. Birthplace Worth (City, town, or county) Mo (State or foreign country)
 14. Maiden name Palmer Merry
 15. Birthplace Worth (City, town, or county) Mo (State or foreign country)

16. (a) Informant Darrell Wardens
 (b) Address Pater Mo. R. 2
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) (Day) (Year)
 (c) Place: burial or cremation St. Ann's Creek

18. (a) Signature of funeral director Sparks
 (b) Address _____
 19. (a) 12-10-41 (Date received local registrar) (b) J.P. Nease (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 110
 (c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-2 1941, to 12-2 1941 that I last saw alive on 12-2 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
 Due to arteriosclerosis

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

Major findings: Of operations g30
 Of autopsy g20

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. Nease (M. D. or other) _____
 Address Grandale Date signed 12-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1000

809

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.....

Province

Licensed Embalmer No. *3403*

P. O. Address. *Festus 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.