

S. No. 2
M-5-42
5-17-41
PI X2237

18837

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUN 10 1943
294

Primary Registration District No. 3056

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
307 E. Lee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 22 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 307 E. Lee
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oclus P. Warford

3. (b) If veteran, name war. 3. (c) Social Security No. 491-07-0101

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 16 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 9 16 hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business National Gypsum Co

12. Name Miller Warford

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

14. Maiden name Mary Perkins

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

16. (a) Informant Mrs. Louise Warford

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof May 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) 5-5-43 (b) Emma Wade
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 1941, to May 2, 1943

that I last saw him alive on May 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver Duration 2 yrs

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

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? _____ (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 Frank Stumm (M. D. or other) _____

Address Moberly Mo Date signed 5/8/43

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

MOTHER FATHER

7
6
3

JAN 18 1943

1943

RECEIVED

District Health Officer No. 10

District File Number 2-43-1008

Date Filed JUN 8 1943

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 Frank D. Nutt

Licensed Embalmer No. 3021

P. O. Address. Moberly, 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.