

Primary Registration District No. 5385

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

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Meramec typ Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether  
In this community all her life years, months or days)

3. (a) PRINT FULL NAME Amanda A Warfel

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ben Warfel

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept 26 1883  
(Month) (Day) (Year)

8. AGE: 62 Years 8 Months 10 Days  
If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business X

MOTHER FATHER { 12. Name W C Tallnet

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

14. Maiden name Vandalia Tipton

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

16. (a) Informant B in Warfel

(b) Address Stonehill Mo

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 6/8/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Stonehill Com

18. (a) Signature of funeral director Paul H. Jensen

(b) Address Salem Mo

19. (a) 6-8-46 (Date received local registrar)

(b) on in Dent in O. H. Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1946 hour 7:40 minute PM

21. I hereby certify that I attended the deceased from June 1st 1946 to June 6 1946  
that I last saw her alive on June 4 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration 3 days

Due to hypertension

Duration ?

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 130

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? M. M. East (Specify type of place) (e) Means of injury road

Signature Paul H. Jensen (M. D. or other)

Address Salem Mo Date signed 6/8/46

RECEIVED  
District Health  
District File  
Date Filed

746 397  
7.9.46

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 *Carl Johnson*  
Licensed Embalmer No. 2370  
P. O. Address *W. W. W.*

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.