

FILED APR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14001

State File No. \_\_\_\_\_

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Livingston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 18th Franklin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette 54  
(c) City or town Livingston 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 18th Franklin 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FANNIE W. WARDER

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, divorced, widowed  
6. (b) Name of husband or wife Jesse Warder 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 25 1861  
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Livingston MO (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mrs R Whittlesey  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Laura Taylor  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Otto Long

(b) Address Livingston MO

17. (a) Burial (b) Date thereof 3-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, MO

18. (a) Signature of funeral director James C. Kempel

(b) Address Livingston MO

19. (a) April 47 (b) Registrar's signature E. E. \_\_\_\_\_  
(Date received for registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25  
year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 15 March 1947, to 25 March 1947, that I last saw her alive on 25 March 1947, and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic cardio-renal disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Carcinoma of Nose  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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. W. Warder MD (M. D. or other)  
Address Livingston MO Date signed 3/26/47

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

RECEIVED

District Health Officer No. 61

District File Number -----

Date Filed 4-23-47 -----

*Word*

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 *Geo. McKean* -----

Licensed Embalmer No. 2983 -----

P. O. Address *Leesington, Pa* -----

**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.**