

FILED MAY 23 1947

Registration District No. 3

Primary Registration District No. 3072

Registrar's No. 98

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall

(c) Name of hospital or institution: 1222 So. Conway

(d) Length of stay: In hospital or institution 20 yrs

In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

(c) City or town Marshall

(d) Street No. 1222 So. Conway

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MINNIE LEE WARDEN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Geo. Dewey Warden 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July - 29 - 1904

8. AGE: Years 42 Months 9 Days 6

9. Birthplace Webster County Mo

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name T. W. Gaddy

13. Birthplace Webster Co Mo

14. Maiden name Ada Evelyn Rebsorge

15. Birthplace Ind.

16. (a) Informant Geo. D. Warden

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 5-8-1947

(c) Place: burial or cremation Marshall Mo

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall Mo

19. (a) May 6 - 1947 (b) Sidney J. Gray

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1947 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 5 - 1947 to May 5 - 1947

that I last saw her alive on May 5 - 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

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

Due to unknown

Other conditions \_\_\_\_\_

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 5-8-1947

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Marshall Mo Date signed 5/6/47

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-16-47

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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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.**