No. 2
-1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9284

Registration District No. 3183 — Primary Registration District No. 5655 — Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mount Vernon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 32 days (Specify whether years, months or days)
In this community: 32 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Douglas
(c) City or town: Squires (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

3. (a) PRINT FULL NAME: Leslie L. Warden
3. (b) If veteran, name war: no
3. (c) Social Security No.: unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 5 (Day) 1886 (Year)

8. AGE: Years 61 | Months 5 | Days 8 | If less than one day: hr. min.
9. Birthplace: unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: El G. Warden
13. Birthplace: unknown (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Isa May Martin
15. Birthplace: Humansville (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Ethel McMichael, Record Clerk
(b) Address: Mo. State San., Mount Vernon, Mo.
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 2-15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Ava Mo
18. (a) Signature of funeral director: Clinkingbeard
(b) Address: Ava Mo
19. (a) Date received by local registrar: 2/17/48 (b) Registrar's signature: [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 year 1948 hour 12 minute 45 a. M.
21. I hereby certify that I attended the deceased from January 13, 1948 to February 13, 1948 that I last saw him alive on February 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	over 3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: C. A. Brasher M.D. (M. D. or other)
Address: Mt Vernon, Mo. Date signed: 2-13-48

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

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 348-362
Date Filed MAR 31 1948

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 By me, Registered Apprentice No. ....., working under my personal supervision.

Signed Max L. Lassett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon, M

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.

No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

(Corrected Certificate)

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: 32 days (Specify whether years, months or days)

In this community: 32 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Douglas

(c) City or town: Squires
(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

3. (a) PRINT FULL NAME: Leslie L. Warden

3. (b) If veteran, name war: No

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Sept. (Month) 5 (Day) 1886 (Year)

8. AGE: Years 61 Months 5 Days 8 If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: El G. Warden
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Isa May Martin
15. Birthplace: Humansville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Ethel McMichael, Record Clerk

(b) Address: Mo. State San. Mt. Vernon, Mo.

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 13 year 1948 hour 12 minute 45 a M.

21. I hereby certify that I attended the deceased from January 13, 1948, to Feb. 13, 1948 that I last saw him alive on Feb. 12, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Bronchopneumonia. Bronchiectasis, lung abscess (Chronic)	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: C. A. Brasher M.D. (M.D.)

Address: Missouri State San. Mt. Vernon, Mo Date signed: March 30, 1948

(Licensed Embalmer's Statement on Reverse Side)

OUTLINE ONLY

5-9284

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.....

Licensed Embalmer No.....

P. O. Address.....

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.