

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1583**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **3032** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Warrensburg</b>	c. LENGTH OF STAY (in this place) <b>10 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Warrensburg</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>413 W. Market St.</b>		d. STREET ADDRESS (If rural, give location) <b>413 W. Market St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Luc</b> b. (Middle) <b>Bell</b> c. (Last) <b>Wardruff</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 - 2 - 50</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Oct. 3, 1907</b>		9. AGE (In years last birthday) <b>41</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>House work</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
10c. USUAL OCCUPATION		10d. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Claud Turner</b>		13b. MOTHER'S MAIDEN NAME <b>Elvira Anderson</b>		14. NAME OF HUSBAND OR WIFE <b>Melvin Wardruff</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Data Turner</b>	
				ADDRESS <b>Warrensburg, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		ANTECEDENT CAUSES			68.7x
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pregnancy, Arteriosclerosis</b>			
		DUE TO (c) <b>(5 or 6 months pregnant at death)</b>			
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-2, 1950**, to **1-2, 1950**, that I last saw the deceased alive on **1-3, 1950**, and that death occurred at **11 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. Lee Cooper M.D.</b>		23b. ADDRESS <b>Warrensburg Mo.</b>		23c. DATE SIGNED <b>1-3-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-14-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Warrensburg, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Jan. 3, 1950</b>		REGISTRAR'S SIGNATURE <b>Sarah Ann Cutchfield</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Brauninger</b>	
				ADDRESS <b>Warrensburg, Mo.</b>	

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

2512  
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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 \_\_\_\_\_

*Elmo D. Fajal*

Student Embalmer No. 340

working under my personal supervision.

Student

*Elmo D. Fajal*  
Student Embalmer

Signed

*R. B. Banninger*

Licensed Embalmer No. 3377

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.