

FILED JUN 22 1942

Registration District No. ....

Primary Registration District No. 4336

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Monteale

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Monteale

(c) City or town California, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ELIZABETH Jane BARDWELL

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1942 hour 7 minute P M.

21. I hereby certify that I attended the deceased from May 20, 1942, to May 28, 1942  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive years \_\_\_\_\_

7. Birth date of deceased Dec 21 1941  
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) 92

8. AGE: Years \_\_\_\_\_ Months 5 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace California Mo. 0  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name William Bardwell

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

14. Maiden name Mary Jane Meyer

15. Birthplace California Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant William Bardwell

(b) Address California, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 5 22 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New City Cemetery

18. (a) Signature of funeral director J. W. Wilson & Son

(b) Address California, Mo.

19. (a) 5-24-42 (b) Mrs. James Roth  
(Date received local registrar) (Registrar's signature)

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. P. Danion (M. D. or other) D.O.

Address California Date signed 5/29/42

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

**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 <sup>not</sup>.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. E. Wilson.....

Licensed Embalmer No. 2351.....

P. O. Address California, Mon......

**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.**