MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18660
Do not use this space.

REC'D JUN 8 1939

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) or City SPRINGFIELD
Registration District No. 316
Primary Registration District No. 2001
Registered No. 433
(d) Street No. Springfield Baptist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

39
3
6

2. PRINT FULL NAME 514 Charles Howell Van Pelt
(a) Residence, No. 729 S. Campbell St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma F. Van Pelt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 13, 1858
7. AGE: ✓ YEARS 80 MONTHS 8 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Druggist
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Terre Haute Indiana

FATHER
13. NAME: Charles Van Pelt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton New Jersey

MOTHER
15. MAIDEN NAME: Verbie Trieee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs. Emma Van Pelt 729 S. Campbell
18. BURIAL, CREMATION, OR REMOVAL PLACE: Maple Park DATE: May 25, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Thieme & Son Springfield, Mo. 29[illegible]
20. FILED 5-25, 1939 Chas A. George MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 22, 1939, to May 24, 1939
I last saw him alive on May 23, 1939. Death is said to have occurred on the date stated above, at 1 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/25/39

Other contributory causes of importance:
Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Guy D Callaway, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Ralph Cheme, Registered Apprentice No. _____ working under my personal supervision.

Signed Ralph Cheme

Licensed Embalmer No. 3681

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.