

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42736

Registration District No. 66

Primary Registration District No. 5102B

Registrar's No.

1. PLACE OF DEATH:

- (a) County Bollinger
(b) City or town Leopold
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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)

3. (a) PRINT FULL NAME Mary Vandewen

531

3. (b) If veteran,
name war

3. (c) Social Security
No.

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
13th 1939

7. Birth date of deceased Oct.
(Month)

13th 1939
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

I hr. min.

9. Birthplace Leopold

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Ben Vandewen

13. Birthplace Leopold

(City, town, or county)

Mo.

(State or foreign country)

14. Maiden name Marie Soller

15. Birthplace Lutesville

(City, town, or county)

Mo.

(State or foreign country)

16. (a) Informant's own signature Ben Vandewen

(b) Address Leopold, Mo.

17. (a) Burial (b) Date thereof 13th Oct. 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leopold, Mo.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo. by J. B. Baker

19. (a) Oct 13 1939 (b) Willie H. Newcomb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Bollinger
(c) City or town Leopold
(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.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th
year 1939 hour 1:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 5 mo. Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 John F. Thompson (M. D. or other)
Address Leopold, Mo. Date signed 10/13/39

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, above space should be left blank.