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

44515
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois 3
(b) Township St. Francois 1
(c) City Near Farmington 1
Registration District No. 773
Primary Registration District No. 6018A
Registered No. 188
(d) Street No. State Hospital No. 4 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Virginia Vestal Lanier
(a) Residence, No. Foistell, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Lanier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	79	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Floristell Missouri 0

FATHER
13. NAME Harleigh Blackwell, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Kentucky 1

MOTHER
15. MAIDEN NAME Katherine Ann Banker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glovesville, New York

17. INFORMANT (ADDRESS) Records of State Hospt. #4 Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wentzville, Mo. DATE ? Dec 6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jerome H. Stanton Ste. Genevieve, Mo.

20. FILED Dec 5 1939 B. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1939, to Dec. 4, 1939
I last saw her alive on Dec 4, 1939 Death is said to have occurred on the date stated above, at 8 10 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
47	
Senile Psychosis	1935

Other contributory causes of importance:

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? No
If so, specify
(Signed) Emmett F. Hoctor, M. D.
(Address) Farmington, Mo.

Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.
V. S. NO. 2. 50M-1-12-38 1 X14028

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, Jerome H Stanton, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Jerome H Stanton

Licensed Embalmer No. 3817

P. O. Address Ste Genevieve Mo

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.