

MISSOURI JAN 10 1939

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

44912
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Center Primary Registration District No. 3039 Registered No. 314
(c) City or Nevada (d) Street No. 426 21 Main 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 12 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 426 N Main St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
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) Mexico
(STATE OR COUNTRY) Callaway Co Mo

FATHER 13. NAME Daniel Vincent
14. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Callaway Co Mo

MOTHER 15. MAIDEN NAME Ruby Priker
16. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Callaway Co Mo

17. INFORMANT Carl McRowan
(ADDRESS) Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL Heaton Cemet DATE Dec 28 1939

19. FUNERAL DIRECTOR (NAME) Ferry Funeral Home
(ADDRESS) Nevada Mo

20. FILED Dec 29 1939 Allen V. Hays
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1939
22. I HEREBY CERTIFY, that I attended deceased from Nov 10 1938, to Dec 27 1939, 1939
I last saw him alive on Dec 26 1939. Death is said to have occurred on the date stated above, at 10:00 m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Hypertension
Diabetes Mellitus
Date of onset 10 mo
Other contributory causes of importance: 59 yrs

Name of operation Autopsy performed for 20 days
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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) R. B. Hays, M. D.
(Address) Nevada Mo

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.

I X1665

RECEIVED

District Health Officer No. 7

District File Number 7-40-21

Date Filed 1-8-40

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 *Personally*

....., Registered Apprentice No.

working under my personal supervision.

Signed

Lloyd R. Winscott

Licensed Embalmer No. *3867*

P. O. Address *Yonkers, N.Y.*

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.