

44973

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 898Primary Registration District No. 6204Registrar's No. 48

I. PLACE OF DEATH:

- (a) County Webster 1. 1
(b) City or town Marshfield - rural - E. Dallas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Louisa E. VanDall 5343. (b) If veteran, name war X 3. (c) Social Security No. X4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Abe 6. (c) Age of husband or wife if alive X years7. Birth date of deceased. November 13, 1865
(Month) (Day) (Year)8. AGE: Years 74 Months no Days 3 If less than one day X hr. X min.9. Birthplace NE. Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife 011. Industry or business Home 912. Name X Jumper 913. Birthplace Unknown ?
(City, town, or county) (State or foreign country)14. Maiden name Unknown ?15. Birthplace Unknown ?
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Glean Kendall(b) Address Marshfield, Missouri17. (a) Burial (b) Date thereof 11-19-1939
(Burial, exhumation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Hill18. (a) Signature of funeral director Rev. J. J. Rainey(b) Address Marshfield, Missouri19. (a) 12-15-39 (b) Lester W. Wood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Webster
(c) City or town rural - E. Dallas
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day Nov
year 1939, hour 10 a.m. minute _____ M.21. I hereby certify that I attended the deceased from Nov 1
Nov 1, 1939, to Nov 16, 1939
that I last saw her alive on Nov 16, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Dropsy Duration _____Due to Chronic Interstitial NephritisDue to Cardiac StenosisOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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? X

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. F. Schmitt (M. D. or other) _____Address Springfield, Mo Date signed 11/19/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 6,

District File Number 140-106

Date Filed JAN 9 1940

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 Alex. Feinberg

Licensed Embalmer No. 3312

P. O. Address Marshall, Miss.

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.