

Registration District No. 912

Primary Registration District No. 6232A.4.51 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Vandalia, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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 527

8. (a) PRINT FULL NAME Not Named  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 3-6 40  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>2</u>	hr. _____ min. _____

9. Birthplace Audrain \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Wm. Langdon  
13. Birthplace Highoe Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Abnera, Ky.  
15. Birthplace Moberly Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. Langdon  
(b) Address Vandalia Mo.

17. (a) Burial (b) Date thereof Mar. 8-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: \_\_\_\_\_

18. (a) Signature of funeral director J. S. Waters  
(b) Address Vandalia, Mo.

19. (a) March 8-1940 (b) Camie Z. Tolsted  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(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 3 day 8  
year 40 hour 6 minute a.m.  
21. I hereby certify that I attended the deceased from 3-6-40  
\_\_\_\_\_ 1940 to 3-8 1940  
that I last saw her alive on 3-7 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Premature birth  
Centers 6 1/2 months gestation  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? 27  
(Specify type of place) \_\_\_\_\_  
(While at work?) (e) Means of injury \_\_\_\_\_  
23. Signature J. P. Dougherty (M. D. or other) Do.  
Address Vandalia, Mo. Date signed 3-8-40

4 5 0  
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. 10

District File Number 4-40-845

Date Filed APR 16 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 *W. B. Waters*

Licensed Embalmer No. 7325

P. O. Address *Dundalk Md*

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.