

FILED MAY 17 1940

Registration District No. 6032

Primary Registration District No. 3032

Registrar's No. 148

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 612 N. Quincy 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)

8. (a) PRINT FULL NAME TILFORD HUSTON VANDELL 534

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MARTHA JULIAN VANDELL 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 15 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 0 If less than one day hr. min.

9. Birthplace COOPER COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business RAILROAD SHOP 1

12. Name HENRY VANDELL

13. Birthplace TENN.
(City, town, or county) (State or foreign country)

14. Maiden name ROBERTS

15. Birthplace TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Bennett

(b) Address Sedalia

17. (a) Burial (b) Date thereof 4-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo

19. (a) 4-19-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 612 N. Quincy
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 1940
year _____ hour 7-30 minute _____ P.M.

21. I hereby certify that I attended the deceased from Jan 10th to April 12, 1940
that I last saw him alive on April 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus
Duration 1 year

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 46

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? _____

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

23. Signature Ed. Sweeney (M. D. or other) _____

Address Sedalia Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

80
4
4

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-15-40

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

....., Registered Apprentice No.
working under my personal supervision.

Signed

R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Seaside

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.