

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16828**
Registrar's No. **4306**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Nashville **NR**
(If outside city or town limit, write "RURAL")
(d) Street No. 208 W. Adams
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1940 hour 8 minute 05 A.M.

21. I hereby certify that I attended the deceased from
January 1, 1940, to May 14, 1940;
that I last saw him alive on May 14, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Renal failure

Due to Carcinoma of prostate

Due to 51

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of prostate
Of operations _____
Of autopsy _____

Physician W. H. ...
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Jan Parker (M. D. or other) MD
Address BARNES HOSPITAL Date signed 5-14-40

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

3. (a) PRINT FULL NAME DANIEL HATTON VERNOR **656**

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Zona 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. 27 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 17 If less than one day hr. _____ min.

9. Birthplace Nashville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business _____

12. Name George Vernor

18. Birthplace Nashville Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Martha Mitchell

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

16. (a) Informant Mrs. Daniel Vernor

(b) Address Nashville, Illinois.

17. (a) Removal (b) Date thereof 5-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe.

(b) Address 4700 Washington Ave.

19. (a) MAY 14 1940
(Date received by local registrar)

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

George W. Wilkinson

Licensed Embalmer No. *3875*

P. O. Address.....

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.