S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Whit 18417
State File No.

JUN 13 1940 315
Registration District No.

Primary Registration District No. 2001

Registrar's No. 437

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2531 N. Campbell 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits write "RURAL")
(d) Street No. 2531 N. Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles J. Vermilyea 654
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine Vermilyea
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 24 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
✓ 82	0	19	hr. min.

9. Birthplace Greenwich (City, town, or county) New York (State or foreign country)
10. Usual occupation Butcher
11. Industry or business
FATHER 12. Name William Vermilyea
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Clark
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Katherine Vermilyea
(b) Address Springfield, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 14 19 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) May 14, 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1940 hour 12 minute 5 p. M.
21. I hereby certify that I attended the deceased from Oct 13, 1940, to May 13, 1940; that I last saw him alive on May 13, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	8 months
Due to Myocardosis, Chronic	years
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature R. Ned White (M. D. or other)
Address Springfield Mo. Date signed 5/14/40

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Hamelle

Licensed Embalmer No. 3808

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.