JUN 17 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19338
Do not use this space.

1. PLACE OF DEATH
(a) County Ray
(b) Township or City Richmond
(c) City Richmond
Registration District No. 744
Primary Registration District No. 3035
Registered No. 51
(d) Street No. Forrest Street St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alonzo P. VanMeter, Social Sec. no 3878
(a) Residence, No. Richmond, Mo. all his life St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Maggie May VanMeter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8, 1871
7. AGE: Years 68 Months 11 Days 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.: (Common)
10. Date deceased last worked at this occupation (month and year): !
11. Total time (years) spent in this occupation: !

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

FATHER
13. NAME: Horatio VanMeter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown West Virginia

MOTHER
15. MAIDEN NAME: Mary Gee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown West Virginia

17. INFORMANT (ADDRESS): Maggie May VanMeter Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE May 28, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): E. Thurman Richmond, Mo.

20. FILED May 29, 1940 Mabel Jackson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1940, to May 26, 1940
I last saw him alive on May 15, 1940. Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
9412	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) GW Gaines, M. D.
(Address) Richmond, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-14-40
Date Filed

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 E. Thomas

Licensed Embalmer No. 2073

P. O. Address Richmond, Mo.

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

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