

SEP 25 1940

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

29534
Do not use this space.

1. PLACE OF DEATH
(a) County St Francois 2 Registration District No. 772
(b) Township Randolf Primary Registration District No. 6029C
(c) City Elvins Mo. (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME 536 Florence Vandergriff
(a) Residence, No. Elvins St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William J Vandergriff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48. 5 23.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 8-29-40 11. Total time (years) spent in this occupation 25
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harick Mo. Butler Co. 0
13. NAME F. M Woodruff.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co. 0
15. MAIDEN NAME Amanda England.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 9
17. INFORMANT (ADDRESS) William J Vandergriff Elvins Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Doe Run Mo. DATE Sept 1, 40.
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks Elvins Mo. 697.
20. FILED 9-3 1940 C B Stovess Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29. 40. 19
22. I HEREBY CERTIFY, That I attended deceased from 8-29 1940 to 8-29 1940
I last saw her alive on 8-29- 10 30 1940. Death is said to have occurred on the date stated above, at A.
The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus of uterus
Date of onset _____
Other contributory causes of importance: 48
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) C B Stovess M. D.
(Address) Flat River Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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.....

Licensed Embalmer No.....

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.