DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31401

NOV OCT 23 1940

Registration District No. 84 Primary Registration District No. 4052 Registrar's No.

1. PLACE OF DEATH:
(a) County BUCHANON
(b) City or town RUSHVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RUSHVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community 35 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County BUCHANON
(c) City or town RUSHVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. RUSHVILLE (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FRANCIS MARION VENABLE
3. (b) If veteran, name war ---------
3. (c) Social Security No. -------
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LOTTIE WITT VENABLE
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased JAN 24 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	7	22	hr. min.

9. Birthplace JEFFERSON CO (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation HARDWARE MERCHANT
11. Industry or business ----------
FATHER
12. Name THOMAS A. VENABLE
13. Birthplace ---------MM (City, town, or county) KY (State or foreign country)
MOTHER
14. Maiden name MARTHA ROBINSON
15. Birthplace ------- (City, town, or county) KY (State or foreign country)
16. (a) Informant's own signature Mrs. F. M. Venable
(b) Address RUSHVILLE MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 18 1940 (Month) (Day) (Year)
(c) Place: burial or cremation ST JOE MO.
18. (a) Signature of funeral director Wm Stanton
(b) Address ATCHISON KANSAS
19. (a) Sept. 17, (Date received local registrar) (b) L. F. Gingery, (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1940 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from Sept 1, 1940 to Sept 16, 1940 that I last saw him alive on Sept 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular Heart disease	5 yrs
Due to	
Due to 92 in	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy NO	

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 E. B. McAdow (M. D. ~~or other~~)
Address DeKalb MO Date signed Sept 17 1940

(Licensed Embalmer's Statement on Reverse Side)

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.