

FILED OCT 18 1940

Registration District No. **289**

Primary Registration District No. **4173**

Registrar's No. **53**

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community about 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin
(c) City or town Malden
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1940 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from Feb 2nd
1940, to Sept 16 1940
that I last saw him alive on Sept 13th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary
Tuberculosis Duration 2 yrs

Due to _____
Due to 22
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? 263

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature L. E. Mitchell (M. D. or other) _____
Address Malden MO Date signed 9/17/40

3. (a) PRINT FULL NAME Delbert Edman Vantress

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 Clara Vantress 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Sept 16 - 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 9 1 _____ hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business Farming

12. Name John Vantress

13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Jones

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

16. (a) Informant Wife, Malden

(b) Address MO

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

(c) Place: burial or cremation Malden Cemetery

18. (a) Signature of funeral director Landers Funeral Home

(b) Address Campbell MO

19. (a) 9/17/1940 (b) L. E. Mitchell
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 32

District File Number 1040-152

Date Filed 10/11/40

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 complete the above constitutes grounds for revocation of license.)

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