DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 19 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38094

Registration District No. 1026 Primary Registration District No. 5102A Registrar's No. 21

FILED DEC 19 1940

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town Rural, Lorance
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Near Glen Allen, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Effie May Vawter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife O. W. Vawter

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct. (Month) II (Day) 1870 (Year)

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

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sam Lowe
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fernada Roberts
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature O. W. Vawter
(b) Address Glen Allen, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Glen Allen, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. J. B. Graham

19. (a) Nov. 29 1940 (b) Willie H. Davis Registrar (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th year 1940 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 2 1940 to Nov 19 1940 that I last saw h-- alive on Nov 3rd 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Chronic Interstitial Nephritis	
Due to	
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature W. L. Draper (M. D. or other)
Address Lutesville Mo Date signed 11-20-40

(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 Thomas E. Graham

Licensed Embalmer No. 4010

P. O. Address Centralia, Wn

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.