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STANDARD CERTIFICATE OF DEATH

38303

State File No. _____

Registration District No. 10

Primary Registration District No. 3008

Registrar's No. 304

FILED DEC 11 1945

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital no 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 16 days
(Specify whether _____)

In this community 3
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Henry Werner

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1940 hour 11 minute 05 P M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Nov 1
1940, to Nov 17 1940;
that I last saw h — alive on Nov 17 1940;
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DK
(Month) (Day) (Year)

8. AGE: Years 84 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to Dehydration

Due to General arterial sclerosis

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name DK

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

14. Maiden name Unknown

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

16. (a) Informant C. D. Werner

(b) Address Vandalia

17. (a) Unknown (b) Date thereof Nov 18 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Mo

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia, Mo.

19. (a) Nov 17 - 1945 (b) R. N. Cruise
(Date received local registrar) (Registrar's signature)

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? 106
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Forrest Thomas (M. D. or other) _____
Address State Hospital no 1 Date signed 11/17 40

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

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, fact should be so stated above.