S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4452

Registration District No. 796 Primary Registration District No. 3038 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Saline

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

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

(d) Length of stay: In hospital or institution one week (Specify whether years, months or days)

In this community All His Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

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

(d) Street No. 1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Andrew Van Buren

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~~ Single

6. (b) Name of husband or wife —

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

7. Birth date of deceased July (Month) - 6 (Day) - 1902 (Year)

8. AGE: Years 38 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Hardeman, Saline Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Andrew Jackson Van Buren
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hattie Huston
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Delia Stevenson

(b) Address Slater Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-41 (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill

18. (a) Signature of funeral director Jones & Salzer

(b) Address Slater Mo

19. (a) 2-3-'41 (Date received local registrar) (b) Mary Kent Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January - 30 day year 1941 hour 1 minute 19A M.

21. I hereby certify that I attended the deceased from Jan. 23, 1941 to Jan 29, 1941; that I last saw him alive on Jan 29, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ruptured Appendix with General peritonitis	9 days
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) D

Address Marshall, Mo Date signed 1-31-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 9-12-41
Date Filed

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 Jas E Jones

Licensed Embalmer No. 43

P. O. Address Slater Mo

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.