

FILED MAR 17 1941

State File No. \_\_\_\_\_

Registration District No. 421

Primary Registration District No. 5575

Registrar's No. 11

1. PLACE OF DEATH:  
(a) County Jefferson  
(b) City or town Plattin Twp Rural  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jefferson  
(c) City or town Festus  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. 2. D. #1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME George Vinyard  
3. (b) If veteran, name war no. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 6  
year 1941 hour 3 minute 45 P. M.

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife Ellen Vinyard (Peterson) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 7 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10  
1940, to Feb. 6 1941;  
that I last saw him alive on Nov 6, 1940  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>8</u>	<u>5</u>	_____ min.

Immediate cause of death Chronic Bronchitis & Asthma  
Several episodes  
Due to Age  
Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Farmer

11. Industry or business General Farming  
MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

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) (e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature Mrs Ferd Becker  
(b) Address Festus Mo. R. 2. D. #1

17. (a) Rural (b) Date thereof 2-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Festus Mo.

18. (a) Signature of funeral director Quester-Vinyard  
(b) Address Festus Mo.

19. (a) 2-11-1941 (b) J. E. Rutledge  
(Date received local registrar) (Registrar's signature)

Signature J. E. Rutledge (M. D. or other) D  
Address Festus, Mo Date signed 2/8/41

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.

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**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.**