

MAY 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8917

Registration District No. 19

Primary Registration District No. 4013

Registrar's No.

1. PLACE OF DEATH:

(a) County ATCHISON
 (b) City or town ROCK PORT
 (If outside city or town limits, write "RURAL" and name of township)
 (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 days3. (a) PRINT FULL NAME EFFIE MAY VANDERSICE

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife WALTER VANDERSICE 6. (c) Age of husband or wife if alive 66 years7. Birth date of deceased 5 2 1881
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
59 10 10 _____ hr. _____ min.9. Birthplace SMITH CENTER KAN. 1
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name JESSE INBODY18. Birthplace LODIANA 1
(City, town, or county) (State or foreign country)14. Maiden name MARY JANE KIRBY 115. Birthplace OHIO 1
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Bertrude Hall(b) Address ROCK PORT17. (a) BURIAL (b) Date thereof 3-15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation GREEN HILLS18. (a) Signature of funeral director Earl Berntson(b) Address Rock Port Mo.19. (a) Mar 13 = 1941 (b) Mary Chamberlain
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ATCHISON 3(c) City or town Rock Port Mo. 1
(If outside city or town limits, write "RURAL") 3(d) Street No. _____
(If rural, give location)(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1941 hour 4:30 minute 0 M.21. I hereby certify that I attended the deceased from March
3, 1941, to March 12, 1941;that I last saw her alive on March 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage Duration 9 daysDue to Hypertension 4 years

Due to _____

Other conditions Hypertension, heart disease 3 yrs
(Include pregnancy within 3 months of death)

Major findings:

Of operations: —Of autopsy: none done

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) none

(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? 1While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Raymond B. Sutton (M. D. or other) 1Address Rock Port Mo. Date signed 3-13-41

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..... *Gay Bartholomew*.....
Licensed Embalmer No. *3173*.....

P. O. Address..... *Box 100, Port Jervis*.....

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.