

No. 2
4-13-40
5-17-39
I X23139

APR 15 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10796

State File No. _____

Registration District No. 359

Primary Registration District No. 3594212

Registrar's No. 4

43
00

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

1. PLACE OF DEATH
(a) County Nickery
(b) City or town Weaubleau Mo
(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)

3. (a) PRINT FULL NAME Miss Beverly Vanderford
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race wh 6. (a) Single, married, divorced married
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr 9, 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days - If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jesse Vanderford

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

14. Maiden name Marrett Ashworth

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

16. (a) Informant Geo J. Vanderford

(b) Address Denver, Colo

17. (a) burial (b) Date thereof 7/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cem

18. (a) Signature of funeral director JR Luskley

(b) Address Albion, Mo

19. (a) April 4, 1941 (b) Jessie U. Overno
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Nickery 43
(c) City or town Weaubleau Mo
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1941 hour 7 minute 40 M.
P

21. I hereby certify that I attended the deceased from Dec _____, 1941, to Feb 19, 1941, that I last saw him alive on Feb 16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Probable myocarditis degen

Due to _____
Due to arterio sclerosis

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

Major findings: Of operations none

Of autopsy none

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 Roscoe Ruins (M. D. or other) D

Address Humansville Mo Date signed 3-14-41

Duration

3 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number: 4/44/677

Date Filed: 4/14/41

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: J. P. Luckey
Licensed Embalmer No. 2982
P. O. Address: Wheatland, W. Va.

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.