

APR 9 1941

State File No. _____

Registration District No. 821

Primary Registration District No. 4553

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital
(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 Chester Douglas Vandemark
3. (b) If veteran, name war _____ 3. (c) Social Security No. 4

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: 4 15 1925
(Month) (Day) (Year)

8. AGE: Years 15 Months 11 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____
12. Name John D. Vandemark
13. Birthplace Hamilton Co. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Ausa Tagleton
15. Birthplace Saline Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant John D. Vandemark
(b) Address Morehouse Mo.
17. (a) Burial (b) Date thereof 3/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo.
18. (a) Signature of funeral director _____
(b) Address Sikeston, Missouri
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Morehouse
(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. 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 22
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3-21-41 to 3-22-41
that I last saw him alive on 3-22-41
and that death occurred on the same day and hour stated above.

Immediate cause of death: Emphysema of lungs
Due to: Emphysema of lungs
Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations no
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence 3-21-41
(c) Where did injury occur Morehouse
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? no (Specify type of place) (e) Means of injury falling
23. Signature J. Vandemark (M. D. or other) _____
Address Sikeston Date signed 3/24/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

175 R 6
94

RECEIVED

District Health Officer No. 2

District File Number 441-407

Date Filed 4/2/41

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 *John A. Clinton*

Licensed Embalmer No. 2971

P. O. Address *John A. Clinton*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12221

Registration District No. 821

Primary Registration District No. 4533

Registrar's No.

1. PLACE OF DEATH:

(a) County, Scott
(b) City or town, Chester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....

3. (a) PRINT FULL NAME Chester Douglas Sandenmark
(b) If veteran, name war..... (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced.....

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

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

8. AGE: Years Months Days If less than one day
15 11 7 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country..... (Yes or No)
If yes, name country.....

20. DATE OF DEATH month 3 day 22
year 1941 hour..... minute..... M.

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

Immediate cause of death Emphysema of lungs with collapse of right lung Duration 16 hrs
Fract 4th rib

Due to.....

Due to.....
Runaway truck
while at work

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations..... 175 lb

Of autopsy..... 175 lb

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... accident

(b) Date of occurrence..... 3-22-41

(c) Where did injury occur?..... (City or town) (County) (State)
Mo. State Penitentiary

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work?..... (Specify type of place) (e) Means of injury..... Runaway truck

23. Signature..... (M. D. or other)

Address..... Date signed..... 6-9-41

SUPPLEMENTAL

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12221

Registration District No. 821

Primary Registration District No. 4552

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Chester Douglas Vandemark

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

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

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

8. AGE: Years 15 Months 11 Days 7 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 6-7-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22
year _____ hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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

23. Signature M. G. Anderson (M.D. or other) _____

Address Sikeston Mo Date signed _____

SUPPLEMENTAL

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

MOTHER FATHER