

FILED MAY 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16058

Registration District No. 527 Primary Registration District No. 10099 Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bloomfield, Mo
(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 years, months or days)

In this community _____

8. (a) PRINT FULL NAME Teletia Anna Vanceil

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 ✓6. (b) Name of husband or wife S D Vanceil 6. (c) Age of husband or wife if alive 747. Birth date of deceased Feb 24, 1868
(Month) (Day) (Year)8. AGE: Years 73 Months 1 Days 19 If less than one day hr. min.9. Birthplace Washington Co, Ill.
(City, town, or county) (State or foreign country)10. Usual occupation Farm wife

11. Industry or business _____

12. Name Jacob Williamson13. Birthplace Leban
(City, town, or county) (State or foreign country)14. Maiden name Miller Smith15. Birthplace Ill.
(City, town, or county) (State or foreign country)16. (a) Informant Ralph Vanceil(b) Address Dexter Mo17. (a) Burial (b) Date thereof 4-17-20
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Valley18. (a) Signature of funeral director Walter Smith(b) Address Dexter Mo19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard(c) City or town Bloomfield Mo R30
(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 April day 15
year 1941 hour 10 minute 30 P. M.21. I hereby certify that I attended the deceased from April
_____, 1941 to April 15, 1941that I last saw her alive on Jan, 1941
and that death occurred on the date and hour stated above.Immediate cause of death _____
Duration 193Myocarditis
Arterio sclerosisDue to HyperlemiaDue to Acute heart failureOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations 93HOf autopsy no

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? 805While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Geo Schaefer (M. D. or other) ✓Address Dexter Mo Date signed 4/15/41

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

RECEIVED

District Health Officer No. 2,

District File Number 541-669

Date Filed 5/19/41

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.....

Virgil A. Kelch....., Registered Apprentice No.....
working under my personal supervision.

Signed Virgil A. Kelch.....

Licensed Embalmer No. 4102

P. O. Address Depton - Me

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.