No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19461 ~~[illegible]~~

Registration District No. 1861 Primary Registration District No. 5078 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Bates Charlotte Twp
(b) ~~City or town~~ rural
(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 years, months or days)
In this community 18 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates 70
(c) City or town Rural 0
(If outside city or town limits write "RURAL")
(d) Street No. 6 1/2 miles S.E. Amoret
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bobby Joe Vermillion

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race White

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 26 (Day) 1939 (Year)

8. AGE: Years I Months 6 Days II If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Roy Vermillion
13. Birthplace Bates County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Letha Adams
15. Birthplace Bates County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Roy Vermillion
(b) Address Amoret Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, '41 (Month) (Day) (Year)
(c) Place: burial or cremation Virginia Cemetery

18. (a) Signature of funeral director Arthur Mangold
(b) Address Amsterdam Mo.

19. (a) April 8 (Date received local registrar) (b) '41 C. A. Lusk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1941 hour 3 rd minute 45 A.M.

21. I hereby certify that I attended the deceased from April 7, 1941, to April 7, 1941; that I last saw him alive on April 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchogenic
Due to Pneumonia.
Due to
Other conditions Measles 10 days ago.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 35
Of autopsy

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)
(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)
While at work? (e) Means of injury

23. Signature Guy A. Lusk (M. D. ~~or coroner~~)
Address Butler, Mo. Date signed 4-9-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-41-898
Date Filed 5-28-41

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 L. A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam Missouri

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.