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FILLED JUL 17 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 76

Registration District No. 2

Primary Registration District No. 202

1. PLACE OF DEATH:

(a) County ANDREW

(b) City or town BOLCKOW
(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 50 YEARS

3. (a) PRINT FULL NAME MILLER HARVEY - VANFOSSAN.

3. (b) If veteran, name war. no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife LULA VANFOSSAN

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

7. Birth date of deceased JAN - 31 - 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Andrew Vanfossan

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

14. Maiden name Nancy A. Henderson

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

16. (a) Informant Lula Beattie

(b) Address Craig Mo.

17. (a) Walnut Grove (b) Date thereof 6-19-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove

18. (a) Signature of funeral director W. L. Terhune

(b) Address Savannah, Ga.

19. (a) June 19, 1941 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew

(c) City or town Bolckow, 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. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1941 hour Six minute forty P. M.

21. I hereby certify that I attended the deceased from Apr - 20 - 1941 to Death, 1941;
that I last saw him alive on June - 17 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation

Due to _____

Due to _____

Other conditions Cystitis - Prostatitis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

9 _____
(Specify type of place) (e) Means of injury _____

23. Signature W. L. Terhune (M. D. or other) _____

Address Bolckow, Mo. Date signed 6/19/1941

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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. Fred Terhune

Licensed Embalmer No. 1279

P. O. Address Savannah
Mo

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.