

Registration District No. **470**

Primary Registration District No. **5633**

Registrar's No. **97**

1. PLACE OF DEATH:

(a) County **Lawrence**  
 (b) City or town **Mount Vernon, Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Missouri State Sanatorium**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **769 days**  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Lunie Vinson**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **June** day **14**  
 year **1941** hour **2** minute **55** P. M.

21. I hereby certify that I attended the deceased from **May 17**, 19 **41** to **June 14**, 19 **41**;  
 that I last saw her **alive** on **June 14**, 19 **41**;  
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bernard Vinson** 6. (c) Age of husband or wife if alive **Not known** years

7. Birth date of deceased **August 21 1906**  
 (Month) (Day) (Year)

Immediate cause of death **Pulmonary Tuberculosis** 2yr 6mo  
 Duration

8. AGE:	Years	Months	Days	If less than one day
	<b>34</b>	<b>19</b>	<b>24</b>	hr. min.

Due to \_\_\_\_\_  
 Due to **1941**

9. Birthplace **Lafayette Springs Mississippi**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Nursing**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

12. Name **George Chesteen**

13. Birthplace **Watter Valey Mississippi**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Mattie Whitehead**

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

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

16. (a) Informant **Ethel McMichael, record clerk**

(b) Address **Mo. S. Sanatorium, Mt. Vernon**

17. (a) **Removal** (b) Date thereof **6-14-41**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holcomb, Mo**

18. (a) Signature of funeral director **Leo B Orr**

(b) Address **Missouri**

19. (a) **6-14-1941** (b) **P.A. Halmes**  
 (Date received local registrar) (Registrar's signature)

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? **Yes**  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature **U. L. Coffey** (M. D. or other) **M.D.**  
 Address **Mount Vernon Mo** Date signed **6/14/41**

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

005

FILED JUL 8 1941

RECEIVED

District Registrar Officer No. 6,  
District File Number 741-1029  
Date Filed JUL 7 1941

**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.....

*George B Orr*

Licensed Embalmer No. 946

P. O. Address 27th Vernon St

**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.**