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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25209

State File No.

Registration District No. 369 Primary Registration District No. 4215 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Craig (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 72 years 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 044 5 3

(a) State Mo. (b) County Holt

(c) City or town Craig (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Albert Van-Wormer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Rebecca C. Mann

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

7. Birth date of deceased August (Month) 18 (Day) 1858 (Year)

8. AGE: Years 82 Months 10 Days 15 If less than one day hr. min.

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

10. Usual occupation Mail Carrier

11. Industry or business Retired

FATHER
12. Name Daniel Van Wormer
13. Birthplace York Town (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Martha Heltzel
15. Birthplace Unknown (City, town, or county) Va. (State or foreign country)

16. (a) Informant Albert Aaron Vanwormer

(b) Address Craig, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-41 (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director Wilber L. Scholler

(b) Address Craig, Mo.

19. (a) July 5 1941 (Date received local registrar) (b) Vinta Anderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day July year 1941 hour 5 minute 30 a M.

21. I hereby certify that I attended the deceased from Jan 2nd, 1940 to July 3rd, 1941 that I last saw him alive on June 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs.
Due to	
Due to	
Other conditions Interstitial Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
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 [signature] (M. D. ~~or other~~)

Address Craig, Mo Date signed 7/3/41

330 (Licensed Embalmer's Statement on Reverse Side)

SEP 2 6 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 Wilber L. Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.