

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

25583

Registration District No. 546

Primary Registration District No. 5238

Registrar's No. 8

1. PLACE OF DEATH:

- (a) County. Maries  
(b) City or town. Rural  
(c) Name of hospital or institution: Spring Creek Sp.  
(If outside city or town limits, write "RURAL" and name of township)  
(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)  
(e) In this community ✓

3. (a) PRINT FULL NAME Hallie Buline Vankirk

3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife E. P. Vankirk 6. (c) Age of husband or wife if alive 31 years  
7. Birth date of deceased 3 (Month) 27 (Day) 1914 (Year)

8. AGE: Years 27 Months 2 Days 27 If less than one day ✓ hr. min.

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

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER FATHER { 12. Name George Isgragg  
13. Birthplace Crawford Co., Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Bessie Lee Smith  
15. Birthplace Crawford Co., Mo. (City, town, or county) (State or foreign country)

16. (a) Informant E. P. Vankirk

(b) Address Vichy, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 25 (Day) 41 (Year)  
(c) Place: burial or cremation Hughes Chapel

18. (a) Signature of funeral director W. C. Birmingham

(b) Address Vienna, Mo.

19. (a) July 20-1941 (Date received local registrar) (b) Sam A. Warner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Maries  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. ✓ (If rural, give location)  
(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24 year 1941 hour 6 minute — M.

21. I hereby certify that I attended the deceased from June 24 1941 to June 24 1941  
that I last saw him alive on June 24 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Confinement Duration

Due to Placenta Praevia

Due to 146a

Other conditions (Include pregnancy within 3 months of death)

Major findings: ✓  
Of operations ✓

Of autopsy no

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. Jones (M. D. or other) ✓  
Address Vichy Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P.O. Address.....

**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.**