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FILED AUG 29 1941 31
Registration District No. 31

Primary Registration District No. 4504

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbyville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Winnie Lee Vanhook

3. (b) If veteran. 3. (c) Social Security name war. _____ No. 1

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

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

7. Birth date of deceased Oct. 13 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

9 11 hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Ophie Vanhook

{ 13. Birthplace Shelby Co. Mo. D
(City, town, or county) (State or foreign country)

{ 14. Maiden name Bess Mahaffey

{ 15. Birthplace Shelby Co. Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Ophie Vanhook

(b) Address Shelbyville, Mo.

17. (a) Burial (b) Date thereof July 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation J. P. O. Remington

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville, Mo.

19. (a) July 24 (b) 41 Beard
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby 102

(c) City or town Shelbyville 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from July 23
1941 to July 24 1941;

that I last saw her alive on July 23 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis

Due to Hydrocephalus

Due to Meningocele Congenital

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations none

Of autopsy none

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 P. C. Creeber (M. D. or other) D

Address Shelbyville Mo. Date signed 7-24-41

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

26

RECEIVED

District Health Officer No. 10

District File Number 8-41-1555

Date Filed AUG 20 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.....

not embalmed, Registered Apprentice No.
working under my personal supervision.

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, Mo.

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

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