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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30931

Registration District No. 4

Primary Registration District No. 4550

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Andrain

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

(c) Name of hospital or institution none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether in this community years, months or days) 1 UNKNOWN

3. (a) PRINT FULL NAME Name UNKNOWN

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex male

5. Color or race w

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

6. (b) Name of husband or wife ?

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

7. Birth date of deceased unknown  
(Month) (Day) (Year)

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

Est. 65 - - - hr. - min.

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

10. Usual occupation unknown

11. Industry or business unknown

12. Name unknown

13. Birthplace - 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace - 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. R. Lee Alfred M.D.

(b) Address Vandalia

17. (a) Burial (b) Date thereof 9/20/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Miffed

18. (a) Signature of funeral director Geo. Arnold

(b) Address 214 S. 1st St. Vandalia Mo

19. (a) 9/20/41 (b) Lee Alfred M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 004

(c) City or town -  
(If outside city or town limits, write "RURAL") 2

(d) Street No. -  
(If rural, give location) 1

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

If yes, name country - 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1941 hour when found minute - M.

21. I hereby certify that I attended the deceased from 7 19- to - 19-

that I last saw h - alive on - 19- and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Vascular  
after viewing the body of  
this unknown person I find  
that he came to his  
death by natural causes

Due to unknown 20. 9. 41

Other conditions found dead in  
(Include pregnancy within months of death) a hot car at the Harrison

Major findings: walker Refrigerator Co  
Of operations breaking lock at Vandalia

Of autopsy muscle 9/20/41

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 Ex. R. Lee Alfred (M. D. or other) 9/20/41

Address Vandalia, Mo Date signed 9/20/41

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

MOTHER FATHER

988 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 10-41-1828

Date Filed OCT 13 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

*Not Embalmed*  
Licensed Embalmer No.....

P. O. Address.....

**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.**