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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

MAILED OCT 16 1941

State File No. 32744

Registration District No. 831

Primary Registration District No. 6093

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Rural North River Township
(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 years, months or days)

In this community Entire Life Time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

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

(d) Street No. North River Township
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME JOHN WILLIAM VANNOY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name ~~of husband or~~ wife None

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

7. Birth date of deceased June (Month) 19 (Day) 1855 (Year)

8. AGE: Years 86 Months 3 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Marion Co Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business —

FATHER
12. Name William Vannoy
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Clark
15. Birthplace Marion Co Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Will Pangborn

(b) Address Emden Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10 - 9 - 1941 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Emden Cemetery

18. (a) Signature of funeral director Grover Givan

(b) Address Hunnewell Missouri

19. (a) 10-9-1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1941 hour 4 minute 45 a. M.

21. I hereby certify that I attended the deceased from Sept 10 1941 to Oct 1 1941; that I last saw him alive on Sept 10 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency

Due to Intestinal Flu & dysentery & senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

120 P

Duration

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 2

23. Signature Gladys Bower (M. D. or other) DD

Address Bethel Mo. Date signed Oct-8-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-41-1846
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~~ ME, ..., Registered Apprentice No. ..... working under my personal supervision.

Signed Grover G Given

Licensed Embalmer No. 1754

P. O. Address Hannibal Mo.

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.