

No. 2  
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X23159

DEPARTMENT OF COMMERCE  
U.S. CENSUS

FILED NOV 27 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35337

Registration District No. 449

Primary Registration District No. 42675618 Registrar's No.

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

1. PLACE OF DEATH:

(a) County. Laclede

(b) City or town. Rural Dryrot Osage Twp  
(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. 1  
In this community. about 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME. ESTHER GIRARD VUILLE

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Henry Vuille 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 16 1877  
(Month) (Day) (Year)

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

64 8 18 hr. min.

9. Birthplace Loche Switzerland 5  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Lucien Alexander 5

13. Birthplace Loche Switzerland 5  
(City, town, or county) (State or foreign country)

14. Maiden name Lucile Allen

15. Birthplace Lagne Switzerland 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Werner Weber  
(b) Address Dryrot Mo

17. (a) burial (b) Date thereof Oct 7 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director W. E. Tolman

(b) Address Lebanon Mo

19. (a) 10-8-41 (b) J. M. Tombs  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 053

(a) State Missouri (b) County Laclede 0

(c) City or town Dryrot Mo Rural Osage Twp 20  
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 year 1941 hour 7 minute 30 PM.

21. I hereby certify that I attended the deceased from Tuesday Sept., 30, 1941 to Oct., 5 1941;  
that I last saw her alive on Sat., 5, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma Liver, unk.

Due to \_\_\_\_\_  
Due to Hof  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Adenocarcinoma Liver,  
Cholelithiasis; Cystic Kidneys.

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 James L. Hope (M. D. or other) 0  
Address Lebanon, Mo. Date signed 10/8/41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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.....

*Myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Dorsey M. Howe*.....

Licensed Embalmer No. *4222*

P. O. Address *Lebanon 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.**