S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

State File No. 41733

FILED JAN 21 1942

Registration District No. 266

Primary Registration District No. 4164

Registrar's No. 70

1. PLACE OF DEATH:

(a) County: Dent

(b) City or town: Salem 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 ____ (Specify whether years, months or days)

In this community: entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dent

(c) City or town: Salem

(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.? ____ years.

3. (a) PRINT FULL NAME: Eldon C. Vandivort

3. (b) If veteran, name war: Worlds War

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Norma Vandivort

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: February (Month) 10 (Day) 1897 (Year)

8. AGE: Years 44 | Months 9 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace: Salem (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Druggist

11. Industry or business: ____

FATHER

12. Name: L.D. Vandivort

13. Birthplace: Ohio (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Martha E. Young

15. Birthplace: Salem (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: L.D. Vandivort

(b) Address: Salem, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/4/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Cedar Grove, Cem.

18. (a) Signature of funeral director: Earl R. Spence

(b) Address: Salem, Missouri

19. (a) Dec 4 1941 (Date received local registrar) (b) A. C. Ruth M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 2 year: 1941 hour: 2:15 minute: P. M.

21. I hereby certify that I attended the deceased from Dec 2, 1934 to Dec 2, 1941 that I last saw him alive on Dec 2, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Glomerulo Nephritis	2 yrs.
Due to: uremia	
Due to:	
Other conditions: none (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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: Lloyd H. Hunt M.D. (M. D. or other)

Address: Salem, Mo. Date signed: 12/4/41

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(Licensed Embalmer's Statement on Reverse Side)

JAN 15 1942

JAN 19 1942

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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, above space should be left blank.