

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 20 1942  
Registration District No. 347

Primary Registration District No. 5501A

Registrar's No. 14

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town Rural Leesville  
(c) Name of hospital or institution: Home  
(d) Length of stay: In hospital or institution NONE  
In this community Wife  
years, months or days

3. (a) PRINT FULL NAME Alfred Martin Vanhoazer

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Blanche McMillan 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased JUNE 20 1921  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 26 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Benton Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Andrew Vanhoazer  
13. Birthplace Leesville Tenn.  
14. Maiden name Jane Jones  
15. Birthplace Not Known Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Self  
(b) Address Clinton Mo. R.R.2.

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

(c) Place: burial or cremation MacKintire Chapel

18. (a) Signature of funeral director J. B. Calvert  
(b) Address Lincoln Mo.

19. (a) Dec. 16, 1941 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry  
(c) City or town Clinton  
(d) Street No. Rural, Leesville T-S.  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from November 16, 1941, to Dec 7, 1941; that I last saw him alive on Dec 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral Hemorrhage 7 days

Due to Arteriosclerosis & Hypertension

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

Major findings: Of operations g. b. n. Of autopsy ✓

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? ✓

(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 J. B. Calvert (M. D. or other) \_\_\_\_\_

Address Lincoln Mo. Date signed 12/15/41

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

RECEIVED

Director Health Officer No. 7,

Index File Number 12-41-2178

Date Filed 1-13-42

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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

*J. B. Palbert*

Licensed Embalmer No. 2500

P. O. Address Lincoln 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.