S. No. 2
—1-4-41
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I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942 91

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5073

Registration District No. 291 Primary Registration District No. 1003 Registrar's No. 1388

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 3
(If outside city or town limits, write "RURAL")

(d) Street No. 622 Cynthia NR
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Newman Vaden

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 Married

6. (b) Name of husband or wife Esther

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

7. Birth date of deceased (Month) abt. (Day) 1876 (Year)

8. AGE: Years abt. 66 Months Days If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Lumberman

MOTHER FATHER

12. Name Unknown

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

14. Maiden name

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

16. (a) Informant Mary Preston

(b) Address Barnes Hosp.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-13-42 (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Gean Cray

(b) Address Poplar Bluff Mo.

19. (a) Feb 14-1942 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1942 hour 11 45 minute P M.

21. I hereby certify that I attended the deceased from Feb 3 1942, to Feb. 1942; that I last saw him alive on Feb. 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of stomach — Duration 3 yrs

Due to

Due to

Other conditions Intestinal Obstruction. — 7 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations None.

Of autopsy None obtained.

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 F. M. Wiley (M. D. or other)

Address BARNES HOSPITAL Date, signed 4-13-42

(Licensed Embalmer's Statement on Reverse Side)

AUG 28 1950

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.

S. No. 2B
00—4-25-41
I X27652

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. _____

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 1388

1. PLACE OF DEATH:

(a) County _____

(b) City or town _____ (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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME George Newman Vaden

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Esther Vaden

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Oct (Month) — 21 (Day) — 1875 (Year)

8. AGE: Years 66 Months 3 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Lumber

11. Industry or business _____

MOTHER FATHER

12. Name James Vaden

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Esther Vaden

(b) Address Poplar Bluff, Mo

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) MAR 19 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
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? _____ (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 _____ (M. D. or other) _____

Address _____ Date signed _____

PRELIMINARY

S-5073