

FILED APR 9 1942

Registration District No. 40

Primary Registration District No. 5060
~~4014~~

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Boston
(b) City or town Rural Union 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
(Specify whether
In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Boston
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Union township
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME EPHA BOONE VANGILDER

3. (b) If veteran, name war no 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 Husband Roy Vangilder 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased (Month) 7 (Day) 31 (Year) 1888

8. AGE: Years 53 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Boston MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Merril Figgins
13. Birthplace Macou Co. MO
(City, town, or county) (State or foreign country)
14. Maiden name Eva Overmyer
15. Birthplace Macou Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Vangilder
(b) Address Union MO

17. (a) Burial (b) Date thereof 3-5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheldon Cemetery

18. (a) Signature of funeral director W B Boney & Sons
(b) Address Sheldon MO

19. (a) 3-5-42 (b) Mattie River
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Mar day 3
year 1942 hour 4 minute 45 PM

21. I hereby certify that I attended the deceased from 1936, 19 to March 3, 1942
that I last saw her alive on March 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Mesenteric Intussusception
Due to _____

Due to _____

Other conditions: 15
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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)
Means of injury _____

23. Signature James A. Atkins (M. D. or other) _____
Address Union, MO Date signed 3/3/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 6,

District File Number 442-429

Date Filed APR 7 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 Carroll T. Beeny

Licensed Embalmer No. 2385

P. O. Address Sheldon

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.