

FILED MAY 12 1942

Registration District No. 55

Primary Registration District No. 6262

Registrar's No. 4

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Gallipolis, New Madrid Parish
(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.
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Gallipolis
(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 Rachel Violet Vanceil

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 7, 1942
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Demason Vanceil

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

14. Maiden name Pauline Connors

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

16. (a) Informant Demason Vanceil

(b) Address Gallipolis, Mo

17. (a) burial (b) Date thereof Mar. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Killead

18. (a) Signature of funeral director Braver Jernigan

(b) Address Malden, Missouri
19. (a) Mar 31-42 (b) Jude Mason
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1942 hour 3 minute 30 AM.

21. I hereby certify that I attended the deceased from March 24th 1942 to March 25, 1942
and that last saw her alive on March 24 - 1942
that death occurred on the date and hour stated above.

Immediate cause of death Broncho - Pneumonia

Duration 4 days

Due to _____

Due to _____

Other conditions cold
(Include pregnancy within 3 months of death)

4 days

Major findings: Of operations 107

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. E. Mitchell (M. D. or other) W. D.

Address Malden Mo Date signed 3/25/42

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

72000

RECEIVED
RECEIVED
District Health Office No. 2
District File Number 442-535-
Date Filed 4-13-42

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.