No. 2
1-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

20471

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2436

**1. PLACE OF DEATH:**
(a) County Jackson
(b) City or town K.C. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 7 days

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Caldwell 113
(c) City or town Cowgill (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. RR #3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Helen Elizabeth Baker Vanderpool
3. (b) If veteran, name war NN
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ralph Raymond Vanderpool
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased May (Month) 20 (Day) 1908 (Year)
8. AGE: Years 34 Months 1 Days 5 If less than one day hr. min.
9. Birthplace Kingston (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Hardin Gilbert Baker
13. Birthplace Kingston (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Pearl Bethel
15. Birthplace Kingston (City, town, or county) Mo (State or foreign country)
16. (a) Informant Ralph R. Vanderpool
(b) Address Cowgill Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill, Mo.
18. (a) Signature of funeral director Cramer Clark
(b) Address Kingston Mo
19. (a) 6/24/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 25 year 1942 hour 12:43 minute 43 A.M.
21. I hereby certify that I attended the deceased from June 18, 1942, to June 25, 1942, that I last saw her alive on June 24, 1942, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Ventricular Fibrillation | 5 min. |
| Due to Hyper thyroidism | 20 yrs. |
| Due to 63B | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations Hypertrophied Thyroid | |
| 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?
While at work? (Specify type of place) (e) Means of injury
23. Signature George B Norberg M.D. by W.R. Mills (M. D. or other)
Address 532 E 54th KC. Mo. Date signed 6-25-42

361

(Licensed Embalmer's Statement on Reverse Side)

## 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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**