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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21695

Registration District No. 315 Primary Registration District No. 5684 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town "RURAL" Blue Mound Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Blue

(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 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town (RURAL) R.R. #1 Dawn, Mo. (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Walter F. Vanstane

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Jennie Vanstane

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

7. Birth date of deceased Sept. (Month) 17 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
53	9	12	hr. min.

9. Birthplace Livingston (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name W. H. Vanstane

13. Birthplace (City, town, or county) N. Y. 1 (State or foreign country)

MOTHER 14. Maiden name Pauline Fortune

15. Birthplace Ray County (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs Walter Vanstane

(b) Address R. R. #1 Dawn, Missouri.

17. (a) Welsh Cemm. (Burial, cremation, or removal) (b) Date thereof 7- 1- 42 (Month) (Day) (Year)

(c) Place: burial or cremation Welsh Cemetery

18. (a) Signature of funeral director F. B. Norman-Co.

(b) Address Chillicothe, Missouri.

19. (a) 7-1-1942 (Date received local registrar) (b) Mary E. Griffiths (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1942 hour 8:00 minute P.M.

21. I hereby certify that I attended the deceased from June 27, 1942 to June 29, 1942 that I last saw him alive on June 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Embolism	
Cardiac	sudden
Due to gastric ulcer of cancer	
Due to Unknown	
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 G. M. Grace (M. D. or other)

Address Chillicothe, Mo. Date signed June 30, 42

1005 (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 E. R. Norman, Registered Apprentice No. ....., working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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, fact should be so stated above.