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24220

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BUREAU OF THE CENSUS  
FILED AUG 18 1942

Registration District No. 259

Primary Registration District No. 5362

Registrar's No. 33

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Cameron-Rual-Grandriver  
(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 10 yrs  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 32

(c) City or town BEA #3 Cameron Mo. Rual 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lillie/ May Venrick

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1942 hour 13 minute 15 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Ben Venrick 6. (c) Age of husband or wife if alive 63 yrs years

7. Birth date of deceased April 17 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 18, 1942, to July 23, 1942; that I last saw her alive on July 23, 1942; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>3</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death Chronic myocarditis and myocardial degeneration 2 yrs?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Housekeeping

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 938

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Jarvis Smith

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

14. Maiden name Elizabeth Crouse

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Ben Venrick

(b) Address R.F.D.#3 Cameron Mo.

17. (a) \_\_\_\_\_ (b) Date thereof July 26 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Mo.

18. (a) Signature of funeral director J. E. Moore

(b) Address Stewartsville Mo.

19. (a) July 24 1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury 2

23. Signature A. H. Templeman BEA or other \_\_\_\_\_  
Address Cameron Mo Date signed 7/24/42

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

000

32  
0

0

Duration  
2 yrs?

938

1248

(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 *J. G. Reynolds*.....

Licensed Embalmer No. 952.....

P. O. Address Stewartsville 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.**