

3. No. 2
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5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35041

Registration District No. 351

Primary Registration District No. 4516

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County. Janey
(b) City or town. Forsyth
(c) Name of hospital or institution: Hospital
(d) Length of stay: many years
In this community many years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Janey
(c) City or town Forsyth
(d) Street No. _____
(e) Citizen of foreign country? No.
If yes, name country _____

3. (a) PRINT FULL NAME Ernest Russell Vanzandt

3. (b) If veteran, name war _____ 3. (c) Social Security No. 532-01-7916

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced. 3

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. July 5 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 3 12 hr. min.

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

10. Usual occupation musician

11. Industry or business _____

12. Name Thomas Jefferson Vanzandt

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

14. Maiden name Mary Frances Deswell

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

16. (a) Informant Edna Vanzandt Brockman

(b) Address 4117 Charlotte Kansas City Mo.

17. (a) Burial (b) Date thereof Oct. 20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swan Creek Cemetery

18. (a) Signature of funeral director R. C. Whelton

(b) Address _____

19. (a) Oct 20-42 (b) J. J. Rainelle
(Date received local registrar) (Local registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18th
year 1942 hour 12:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from 10/18/42 1942 to 10/18 1942
that I last saw him alive on 10/18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 1 day

Due to Don't know

Due to _____

Other conditions get it
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

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 _____

Signature Harry T. Evans (M. D. or other) MD

Address Branch, Mo. Date signed 10/19/42

1297 Licensed Embalmer's Statement on Reverse Side

RECEIVED

District Health Officer No. 6,

District File Number 1142-1509

Date Filed NOV 2 1942

DEC 1 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.....

Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed Minnie L. Wheelock

Licensed Embalmer No. 2277

P. O. Address Bronx no

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.