

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 7 1942

Registration District No. _____

Primary Registration District No. 3079

Registrar's No. 162

35
208

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Hamath
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Perennial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hrs. (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Permiat

(c) City or town Permiat
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry Eugene Vance

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7 year 1942 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10-6-42 19 to 10-7-42 19

that I last saw him alive on 10-7-42 19 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

7. Birth date of deceased May 9 1942
(Month) (Day) (Year)

Immediate cause of death Enterocolitis
dehydratio

Duration 6 days
3 days

8. AGE: Years _____ Months 5 Days 5 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Permiat Co. Mo.
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name Alton Vance

13. Birthplace Portagville Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Vilma Linder

15. Birthplace Permiat Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Alton Vance

(b) Address Portagville Mo.

17. (a) Permiat (b) Date thereof Oct 8 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Permiat Mo.

18. (a) Signature of funeral director W. C. Duke

(b) Address Portagville Mo.

19. (a) 11-5-42 (b) Duba Blanchard
(Date received local registry) (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) (e) Means of injury _____

23. Signature S. K. L... (M. D. or other) _____

Address Permiat, Mo. Date signed 10-7-42

1/5

901

RECEIVED

District Health Office No. 2,

District File Number 1242-1508

Date Filed 12-5-42

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.....

Not Embalmed
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3941

P. O. Address Portageville

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.