

S. No. 2
-1-4-41
5-17-39
X26390

Dr. A.C. ^{enough}
37684

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 7 1942
Registration District No. _____

Primary Registration District No. 436a

Registrar's No. 33

72
660

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portaquinville
(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: 4 months in hospital or institution (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Willie Vincen

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8
year 1942 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-5-42 to 11-8-42, 1942
that I last saw him alive on 11-5-42, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White

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

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death Cardio-renal disease Duration 1 month

Due to Arterio-sclerosis 15-20 yrs.

Due to Arterio-sclerotic Kidneys 10-15 yrs.

Other conditions None
(Include pregnancy within 3 months of death)

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

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

10. Usual occupation farmer

Major findings: None / 3/10

Of operations None

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name George Vincen

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

14. Maiden name Byrth

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

16. (a) Informant Bill Vincen

(b) Address Portaquinville Mo.

17. (a) Burial (b) Date thereof 11-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portaquinville Mo.

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

(b) Address Portaquinville Mo.

19. (a) Dec 1-42 (b) Edith Sargent
(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) (e) Means of injury _____

23. Signature A.C. Conrad (M. D. or other) MD
Address Portaquinville, Mo. Date signed 11-9-42

1187 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1242-1490

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.....

.....
working under my personal supervision.

Not Embalmed

..... Registered Apprentice No.....

Signed.....

Steel C. Dean

Licensed Embalmer No. 3941

P. O. Address.....

Portageville, 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.