

JAN 11 1943
Registration District No. **178**

Primary Registration District No. **4555**

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

1. PLACE OF DEATH:
 (a) County **Daviess**
 (b) City or town **Coffey**
 (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 _____ (Specify whether)
 In this community **Entire Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Daviess**
 (c) City or town **Coffey, Mo**
 (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 **William Thomas Vandevart**
3. (b) If veteran, name war **X**
3. (c) Social Security No. **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12** day **5**
 year **1942** hour **5** minute _____ M.

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Laura Bennun Vandevart**
6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **Oct 12 1864**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov 25 1942** to **Dec 15 1942**
 that I last saw him alive on **Dec 15 1942**
 and that death occurred on the date and hour stated above.

8. AGE: Years **78** Months **I** Days **21**
 If less than one day _____ hr. _____ min.

Immediate cause of death **Cerebral Hemorrhage**
Due to **Arterio-Sclerosis** **59 years**
Duration **15 yrs**

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

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

10. Usual occupation **Retired Farmer**

Major findings: _____
 Of operations _____
 Of autopsy _____
PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **Thomas Vandevart**
13. Birthplace **Mo**
 (City, town, or county) (State or foreign country)
14. Maiden name **Mary Youngs**
15. Birthplace **Mo**
 (City, town, or county) (State or foreign country)

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?

16. (a) Informant **Mrs Laura Bennun Vandevart**
(b) Address **Coffey, Mo.**
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **12/7/42**
 (Month) (Day) (Year)

23. Signature _____ (Specify type of place) _____ (M. D. or other)
 Address _____ (e) Means of injury _____
 Date signed **12/9/42**

(c) Place: burial or cremation **Coffey**
18. (a) Signature of funeral director _____
(b) Address **Pattonburg, Mo.**
19. (a) 12/31/42 (Date received local registrar) (b) _____ (Registrar's signature)

1084

64-11-99-204

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 *G. S. Gomer*.....

Licensed Embalmer No. 2857.....

P. O. Address Pattonsburg, 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.