No. 2
9-4-41
-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41244

FILED JAN 15 1942

State File No.

Registration District No. 200 Primary Registration District No. 4725 Registrar's No. 122

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon 61 0

(c) City or town 0
(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 0

3. (a) PRINT FULL NAME Gustavus Vestal

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 2nd (Month) 1882 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	10	26	hr. min.

9. Birthplace Macon Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business

FATHER
12. Name James W. Vestal
13. Birthplace Macon Co. Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophronia E. Tuttle
15. Birthplace Macon Co. Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Finis Vestal
(b) Address Macon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Stephens & Gooding
(b) Address Macon Mo.

19. (a) 1/5/43 (Date received local registrar) (b) Nora B. Hunckler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 1942 to Dec 28 1942
that I last saw him alive on Dec 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration Sudden

Due to Coronary Arteriosclerosis & Asthma — 10 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

94a

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

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. F. Turner (M. D. or other)
Address Macon, Mo Date signed 1/4/43

1037

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-43-137
Date Filed Jan. 13-1943

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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41244

Registration District No. 200 Primary Registration District No. 572 J Registrar's No. 122

1. PLACE OF DEATH:

(a) County: Macon

(b) City or town: Rural
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Macon

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

(d) Street No. Rural Macon (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Gustavus Vestal

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Feb (Month) 2 (Day) 18 (Year)

8. AGE: Years: 60 Months: Days: If less than one day: hr. min.

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

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name:

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

14. Maiden name:

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

16. (a) Informant:

(b) Address:

17. (a) (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation:

18. (a) Signature of funeral director:

(b) Address:

19. (a) 2/1/43 (Date received local registrar) (b) Yora B. Nunckle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb Day: 8 year: 1942 hour: minute: M.

21. I hereby certify that I attended the deceased from: 19 to 19; that I last saw him alive on: 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury:

23. Signature: (M. D. or other)
Address: Date signed:

SUPPLEMENTARY