

S. No. 2
M-542
5-17-39
1 X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3816**
Registrar's No. **78**

FILED FEB 8 1943
Registration District No. **65**

Primary Registration District No. **6238**

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

1. PLACE OF DEATH:

(a) County... Washington

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

(c) Name of hospital or institution:
4 miles South / West of Belgrade
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: **110**

(a) State... Missouri (b) County... Washington

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

(d) Street No. 4 miles S.W. of Belgrade (If rural, give location)

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

3. (a) PRINT FULL NAME Oliver Vineyard

3. (b) If veteran, name war... no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased... August 30, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>27</u>	hr. min.

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

10. Usual occupation farmer

11. Industry or business.....

12. Name Elbert Vineyard

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

14. Maiden name Jane Sh Barger

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

16. (a) Informant Mary Vineyard

(b) Address Belgrade Mo.

17. (a) burial (b) Date thereof 1-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belgrade Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Belgrade Mo.

19. (a) Feb 1 43 (b) Ella White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27th
year 1943 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1/23
1943 to 1/27 1943
that I last saw him alive on 1/27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Lobar pneumonia

Due to.....

Due to.....

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy.....

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 [Signature] (M. D. or other).....
Address Irondale, Mo. Date signed 1-29-43

RECEIVED

District Health Officer No. 4
District File Number 243-1656
Date Filed 2-5-43

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 was not embalmed, Registered Apprentice No. _____ working under my personal supervision.

Signed Rachel J. White
Licensed Embalmer No. 3012
P. O. Address Proctor Ave

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.