

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6824

State File No. \_\_\_\_\_

LED MAR 15 1943

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Laura

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME Artis Vile

3. (b) If veteran ✓ name war \_\_\_\_\_

3. (c) Social Security No. 2

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 5 years (Day) (Year)

7. Birth date of deceased Nov 5 1942  
(Month) (Day) (Year)

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

3 - - hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Artis Vile

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

14. Maiden name Alta Beardsley

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

16. (a) Informant Artis Vile

(b) Address Cassville Mo.

17. (a) Interment (b) Date thereof 2/6/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Lewis

(b) Address Cassville Mo.

19. (a) Feb. 5, 1943 (b) Emmanuel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Banyo

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

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

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5  
year 1943 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb. 4 1943 to Feb. 5 1943  
that I last saw him alive on Feb. 5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to Secondary

Due to Seis Capris

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: 119a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature R. J. Toran (M. D. or other) \_\_\_\_\_  
Address Aurora, Mo Date signed 2-7-43

1156 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;

District File Number 243-408

Date Filed MAR 12 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.

*Was not embalmed.*

Signed.....

*J. E. Coe*

Licensed Embalmer No.....

*#35-84*

P. O. Address.....

*Cassville, 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.**