

Registration District No. 186

Primary Registration District No. 5693

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Dawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Delivery Dawn, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Dawn
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery Dawn, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME PAULINE GROVES VANSTANE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife William H. Vanstane 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Dec. 25 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 1 14 hr. min.

9. Birthplace Tenneys Point Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Baxter

(b) Address Dawn, Missouri.

17. (a) Burial Utica, Cemetery (b) Date thereof 2-11-'43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Utica, Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) Feb 15 '43 (b) Mary E. Buffeth
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th
year 1943 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from None 19 to None 19 ;
that I last saw her alive on None 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Essential Hypertension Duration

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death) 102

Major findings: Of operations ✓

Of autopsy no

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? ✓

Died suddenly
While at work? ✓ (Specify type of place) (e) Means of injury Over

23. Signature Chillicothe Mo (M. D. or other)

Address Chillicothe Mo Date signed 2-10-1943

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

59
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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.....

E. R. Norman

....., Registered Apprentice No.

working under my personal supervision.

Signed

ER Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, Missouri.

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.