S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7337

State File No.

FILED FEB 18 1943

Registration District No. 291 Primary Registration District No. 5988 Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Rural, Elm Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stahl, Mo 1 R7D
(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 Putnam 86 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Stahl Mo R7D
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EMSILY EVANS 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 M
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased DEC (Month) 1 (Day) 1860 (Year)

8. AGE: Years 82 Months — Days 25 If less than one day hr. min.

9. Birthplace Putnam Co. Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name Edward J Vestal
13. Birthplace Ken. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lizy Rose
15. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Elizabeth Vestal
(b) Address Stahl, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27-42 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Cem.
18. (a) Signature of funeral director F. O. Hurshel Son
(b) Address Unionville, Mo.
19. (a) Jan. 7-1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 26 year 1942 hour 2 minute 20 A.M.
21. I hereby certify that I attended the deceased from Aug. 1942 to Dec. 26, 1942 that I last saw him alive on Dec. 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis and + Chronic Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 131 b

Major findings:
Of operations
Of autopsy

Duration

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 P. V. Hart M.D. (M. D. or other)
Address Cuatsville Mo. Date signed 12-26-42

1099

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-43-338
Date Filed FEB 16 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 Murl E. Husted

Licensed Embalmer No. 3364

P. O. Address Unionville, 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.