

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9517

ED APR 7 1943

Registration District No. 22

Primary Registration District No. 5111

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Rural Liberty Twp.
(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)
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME Joseph Henry Vandeven

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dena Vandeven 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Jan 31 1874 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 I 12 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Vandeven
13. Birthplace Holland* Holland (City, town, or county) (State or foreign country)
14. Maiden name Bernidena Brauer
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Henry Vandeven
(b) Address Lutesville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 14, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Glennon, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo
19. (a) 3-12-43 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Near Glennon (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1943 hour 12:00 minute 5 A. 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 No Medical attention

Due to Probably Angina Pectoris

Due to 948

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)
(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 J. E. Graham (M. D. or other) Coroner
Address Lutesville, Mo. Date signed 3-12-43

RECEIVED

District Health Officer No. 4

District File Number 443-2000

Date Filed 2-6-43

MAY 9 1944

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 _____

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttrell, 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.