

FILED JUN 12 1943

Primary Registration District No. 4777

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

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution:
Nursing Home.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County HOLT.

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Fred Vandersloot.

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

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased Feb'y Ist. 1863.
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace West Virg. /
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher.

11. Industry or business Retail.

12. Name Fernend Vandersloot,

13. Birthplace West Virg. /
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Murry.

15. Birthplace West Virg. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Van Hiatt

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof May 18/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery,

18. (a) Signature of funeral director [Signature]

(b) Address Mound City, Mo.

19. (a) 5-18-43 (b) Pauline Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th.
year 1943. hour 5 minute from M.

21. I hereby certify that I attended the deceased from Jan 2, 42
May 15, 1943, to _____, 19____;
that I last saw him alive on May 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to Arteriosclerosis

Other conditions [Signature]
(Include pregnancy within 3 months of death)

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 Joe Chay, M.D. (M. D. or other)
Address Mound City, Mo. Date signed 5-18-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1183'

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 *A. Craunford*
Licensed Embalmer No. *1824*
P. O. Address *Round City, 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.