

FILED SEP 13 1941 58

Registration District No. 58

Primary Registration District No. 4091

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Carter Fremont

(b) City or town \_\_\_\_\_

(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 15 yrs. \_\_\_\_\_ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter

(c) City or town Fremont

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

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

3. (a) PRINT FULL NAME Hugh Bennis Vanover

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 Married

6. (b) Name of husband or wife Zelma Greene 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 3 1896

(Month) (Day) (Year)

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

47 5 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wayne County Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Tie Buyer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Henry Vanover

13. Birthplace Ken.

(City, town, or county) (State or foreign country)

14. Maiden name Sarah Elizabeth Lewis

15. Birthplace Ill.

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Z. Vanover

(b) Address Fremont Mo.

17. (a) Burial (b) Date thereof 8-9-43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fremont Mo.

18. (a) Signature of funeral director Phil A Leuckel

(b) Address Van Buren Mo.

19. (a) Aug 7 1941 (b) Mrs. A. J. Smith

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6th

year 1943 hour 4 minute 30 p. M.

21. I hereby certify that I attended the deceased from Feb. 1941 to Aug. 6th 1941

that I last saw him alive on 8-5-43

and that death occurred on the date and hour stated above.

Immediate cause of death Pulm. Tuberc.

Cardiac Decompenstation

(Mitral Regurgitation)

Duration  
Yrs.  
" "

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? Yes, Cotton (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature T. W. Cotton (M. D. ~~XXXX~~)

Address Van Buren, Mo. Date signed 8-12

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

18  
0  
0

18  
0  
0

12 fl

**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~~ 8-7-43

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Philip A. Leuchel  
Licensed Embalmer No. 2936  
P. O. Address Van Buren 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.**