No. 2
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5-17-39
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371

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 24 1943 371

Registration District No. [redacted]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29643

Primary Registration District No. 6260

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural - E. Dallas township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. E. Dallas township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Baker Owen Vinyard

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Wanda Vinyard

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased June - 12 - 1863
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	11	21	x hr. x min.

9. Birthplace Washington Co., Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Masterson Vinyard
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Carson
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wanda Vinyard
(b) Address Marshfield, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6-7-43
(Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Marshfield, Mo.

18. (a) Signature of funeral director [signature]
(b) Address Marshfield, Mo.

19. (a) July 7-43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1943 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from June 3, 1943 ~~to~~, 19__
~~that I last saw in~~ ~~alive on~~, 19__
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure - Acute due to Probable Coronary Occlusion

Due to Deceased had had a number of attacks but was not under treatment for past year.

Due to

Other conditions
(Include pregnancy within 3 months of death)

94a

Major findings:
Of operations

Of autopsy

Duration: Few minutes; Several years.

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) No

(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 0

23. Signature R. Macdonald (M. D. or other) M.D.
Address Marshfield, Mo Date signed 6/3/43

1041

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 843-985
Date Filed AUG 20 1943

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

Signed Lex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.