

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3770E

FILED DEC 9 1943

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 4039

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Benton

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

(c) Name of hospital or institution: No,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No, (Specify whether  
years, months or days) 31 Yrs, 0

In this community 31 Yrs,  
years, months or days) 0

3. (a) PRINT FULL NAME William Carl, Vette,

3. (b) If veteran, name war No,

3. (c) Social Security No. no,

4. Sex M, 0 5. Color or race W.

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

6. (b) Name of husband or wife Alvena Vette

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb, 15 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 6  
If less than one day hr. min.

9. Birthplace Schaumburg, Ill- 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming,

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

MOTHER FATHER { 12. Name Henry Vette

{ 13. Birthplace Schaumburg, Ill, 1  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Angel Hinsen

{ 15. Birthplace Schaumburg Ill, 1  
(City, town, or county) (State or foreign country)

16. (a) Informant A. E. Kelle

(b) Address 6034 Addison St, Chicago, I

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov, 24 19  
(Month) (Day) (Year)

(c) Place: burial or cremation Zion Ceme-Lincoln Mo,

18. (a) Signature of funeral director J. B. Calvert.

(b) Address Lincoln Mo,

19. (a) Nov-29-'43 (Date received local registrar) (b) Paulina Harms (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo, (b) County Benton, 8

(c) City or town Lincoln  
(If outside city or town limits, write "RURAL") 9

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

(e) Citizen of foreign country? NO, (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21  
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2/8 1943, to 6 11/21 1943  
that I last saw him alive on 11/20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage 6 Mo  
arterio sclerosis 10 yr

Other conditions 83a1  
(Include pregnancy within 3 months of death)

Major findings: 83a1

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) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? no  
(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) (a) Means of injury 5

23. Signature J. B. Calvert (M. D. or other) Dr. Oyel  
Address Lincoln Mo Date signed 11/22

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

1341

RECEIVED

District Health Officer No. 7,

District File Number 11-43-13/6

Date Filed 12-7-43

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 Me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed J. B. Calvert

Licensed Embalmer No. 2500

P. O. Address Lincoln 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.