

Registration District No. 366

Primary Registration District No. 4535

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Mineral Point
(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 _____ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington
(c) City or town Mineral Point
(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 Frank Vancil

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

7. Birth date of deceased Jan 20 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 18 If less than one day hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farmer

MOTHER FATHER { 12. Name Eliza Vancil
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Mary Harman
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Vancil
(b) Address Mineral Point Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 10 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Private

18. (a) Signature of funeral director W. J. Sparks
(b) Address Hotels 1116
19. (a) 11-23-43 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8 year 1943 hour 6 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 1st - 1943 to Nov 8th 1943 that I last saw him alive on Sep 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis - un-
known
Due to unknown

Other conditions (Includes pregnancy within 3 months of death) 93d

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 W. J. Sparks (M. D. _____)
Address Bonnieville Mo. Date signed 11-23-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10
9
6

FILED
District Health Officer No. 4
District File Number 243-3080
Date Filed 12-18-43

DEC 20 1943

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 *Everett Sparks*
Licensed Embalmer No. *4287*
P. O. Address *Latimer 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.