

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution. _____ (Specify whether _____)

In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Campbell
(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 Mary Missouri Vancil

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

4. Sex Female 5. Color or race White 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: Dec 18 (Month) Feb (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>10</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace Malden Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name unknown

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Hiram Vancil

(b) Address Campbell, Missouri

17. (a) Burial (b) Date thereof 1-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stevens Chapel

18. (a) Signature of funeral director Landers Funeral Home

(b) Address Campbell, Missouri

19. (a) 1-5-1944 (b) Mrs. L. P. Oliver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3 year 1944 hour _____ minute 6:51pm

21. I hereby certify that I attended the deceased from Jan. 3rd 1944 to _____ 1944 that I last saw her alive on Jan. 3rd 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: uremia - Ch. Parenchymatous hepatitis Duration 24 hrs?

Due to _____

Due to _____

Other conditions: Terminal Hypostatic Pneumonia 24 hrs
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: 1318

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 Wallace Arslany (M. D. or other) md.

Address Campbell, Mo. Date signed 1/4/44

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

MOTHER FATHER

FEB 10 1944

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 *Christina M. Landers*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, M*

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.