Dr Delegene.

S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3522

Registration District No. 206 — Primary Registration District No. 3042 — Registrar's No. 5

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown Mo
(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 years, months or days)
In this community Life -

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison 62

(c) City or town Fredericktown Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 312 Albert St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Thomas E. Vessels

3. (b) If veteran, name war no

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 Elizabeth Vessels

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Mar. (Month) 8 (Day) 1872 (Year)

8. AGE: Years 71 | Months 10 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Perry Co. (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Farming

11. Industry or business —

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

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

16. (a) Informant Mamie Peterman
(b) Address 312 Albert St Fredericktown Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown Mo

18. (a) Signature of funeral director Ed Hewett
(b) Address Fredericktown - Mo.

19. (a) Jan 17 1944 (Date received local registrar) (b) S. C. S. Caughlin By [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1944 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Jan 10, 1944, to Jan 14, 1944 that I last saw him alive on Jan 14, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral hemorrhage	4 days
Due to arteriosclerosis	?
Due to high blood pressure	5 yrs.
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? (Specify type of place)
While at work? (e) Means of injury —

23. Signature E. W. Delegene (M. D. or other) D.O.
Address Fredericktown Mo. Date signed 1-17-44

481

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 144-3263

Date Filed 1-28-44

JAN 3 1 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 John Holt

Licensed Embalmer No. 4264

P. O. Address Fairfield Me

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.