

FILED FEB 9 1944

Registration District No. 365

Primary Registration District No. 6238

Registrar's No. 1

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

1000

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution:
4 miles South West of Belgrade
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

(d) Street No. 4 miles South West of Belgrade
(If rural, give location)

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

If yes, name country U

3. (a) PRINT FULL NAME Jane Francis Vineyard

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1943 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from 12/8, 1943 to 12/22 43 1944
that I last saw her alive on 12/20 43 1944
and that death occurred on the date and hour stated above.

4. Sex fem 5. Color or race white

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

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

7. Birth date of deceased October 13 1848
(Month) (Day) (Year)

Immediate cause of death Renal calculus

Duration

8. AGE: Years Months Days If less than one day

95 2 9 hr. min.

Due to

Due to

Other conditions 134a
(Include pregnancy within 3 months of death)

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

10. Usual occupation at home

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Hiram Suffleberger

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

14. Maiden name Hanna Herout

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

16. (a) Informant Norman Vineyard

(b) Address Belgrade Mo.

17. (a) burial (b) Date thereof 12-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belgrade Mo.

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?

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 1-13-44 (b) Mrs. Ella White
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury

23. Signature J. P. Ferguson (M. D. or other) ###
Address

810

RECEIVED

District Health Officer No. 4
District File Number 244-3338
Date Filed 2-7-44

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.....
Was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul J. White
Licensed Embalmer No. 3012
P. O. Address Clinton, Miss

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.