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2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 10406

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 807 N. 8th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10 9

(c) City or town Columbia 4
(If outside city or town limits, write "RURAL")

(d) Street No. 807 N. 8th St. 1
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM HENRY VANDEVENTER

3. (b) If veteran, name war None

3. (c) Social Security No. 490-07-0836

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Oma C. Vandeventer

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

7. Birth date of deceased 6 - 7 - 1880
(Month) (Day) (Year)

8. AGE: Years 63 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace Audrain County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Embalmer & Funeral Director

11. Industry or business

FATHER
12. Name Flavius Isaac Vandeventer
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Alice Loving
15. Birthplace (City, town, or county) Virginia 1 (State or foreign country)

16. (a) Informant Mrs. W.H. Vandeventer
(b) Address 807 N. 8th St., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 3-1-1944 (Date received local registrar) (b) Edna H Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1944 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from May -13- 1943 to Feb. 28 1944
that I last saw him alive on Feb - 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

51 P

Duration

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 F. C. Suggett (M. D. or other) M. D.

Address Columbia Date signed 2/29/44

(Licensed Embalmer's Statement on Reverse Side)

JUL 9 1952

RECEIVED
District Health Officer No. 9,
District File Number —
Date Filed 5-23-44

JUL 12 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.....

Licensed Embalmer No. 4132

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.