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 APR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10895

Registration District No. 407 Primary Registration District No. 3019 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Fifty Five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Kennett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 105 Beaton St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Desta Ann Vandiver

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

4. Sex Fem
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E. B. Vandiver Sr.
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June (Month) 10 (Day) 1873 (Year)

8. AGE: Years 70 Months 5 Days 27 If less than one day hr. min.

9. Birthplace La Porte (City, town, or county) Ind 1 (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business

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

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

16. (a) Informant E. B. Vandiver Sr.
(b) Address 105 Beaton St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem
18. (a) Signature of funeral director Lintz Und Co
(b) Address Kennett, Mo
19. (a) 3-30-44 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 year 1943 hour 10 minute P M.
21. I hereby certify that I attended the deceased from Oct 15, 1942, to Dec 7, 1943; that I last saw her alive on Dec 7, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	20 min
Due to Hypertension of many years standing	20 yrs
Due to Cardiac dilation & chronic myocarditis	1 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

93d

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) no
(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 Paul Baldwin (M. D. or other) M.D.
Address Kennett Mo Date signed 1-1-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 444-488
Date Filed 4-6-44

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Wattie Hawkins

Licensed Embalmer No. 2002

P. O. Address Kenneth 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.