

FILED APR 7 1944

Primary Registration District No. 1329-5788

Registrar's No. 22

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

1. PLACE OF DEATH: Mississippi

(a) County Mississippi

(b) City or town Deventer *Mississippi, or map*
(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 _____)
In this community All of life (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Ann Louise Vines

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

4. Sex F. 5. Color of race white 6. (a) Single, widowed, married, divorced infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased March 11th 1943
(Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Walter Vines

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

14. Maiden name Eliza Nolen

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

16. (a) Informant Walter Vines
(b) Address Deventer, Mo.

17. (a) Burial (b) Date thereof 3-14-44
(Burial, cremation, or other) (Month) (Day) (Year)
Oak Grove
(c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address [Address]

19. (a) [Signature] (b) [Signature]
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1944 hour 10 minute 50 a. M.

21. I hereby certify that I attended the deceased from Mar 13 1944 to Mar 13 1944
that I last saw her alive on Mar 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Valvular Endocarditis
Bronchopneumonia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations [Signature]

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? _____

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

23. Signature [Signature] (b) D. or other [Signature]
Address Charleston Mo. Date signed 3/14/44

RECEIVED

District Health Office No. 2,

District File Number 444-362

Date Filed 4-4-44

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 John F. Kimmel Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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.