

S. No. 2  
1-5-43  
5-17-39  
1 X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14808

State File No. ....

FILED MAY 9 1944  
Registration District No. 144

Primary Registration District No. 4236

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County IORN  
(b) City or town DES ARC  
(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 4 YEARS  
In this community 4 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IORN  
(c) City or town DES ARC  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ELIZABETH FLORENCE VINSON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, divorced MARRIED  
6. (b) Name of husband or wife LEE VINSON 6. (c) Age of husband or wife if alive 89 years  
7. Birth date of deceased OCT 14 1862  
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 3 If less than one day ✓ hr. ✓ min.

9. Birthplace ST FRANCIS CO. MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business HOME

MOTHER FATHER

12. Name JASPEN BARKS  
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant ESTHER LEE TALLEY

(b) Address DES ARC MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 18 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation DES ARC CEM.

18. (a) Signature of funeral director New High

(b) Address PIEDMONT, MO

19. (a) April 10, 1944 (Date received local Registrar) (b) Miss Bernice C. Howard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 17  
year 1944 hour 2 minute 30 PM.

21. I hereby certify that I attended the deceased from 3-15-44 to 3-17-44  
that I last saw him alive on 4-15-44  
and that death occurred on the date and hour stated above.

Immediate cause of death 0 pneumonia Bronch

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations .....

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? .....

23. Signature E. J. Davis M.D. (M. D. or other)  
Address Piedmont Mo. Date signed 4-6-44

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

1365

RECEIVED

District Health Officer No. 4

District File Number 544-3753

Date Filed 5-8-44

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.....

THE BODY WAS NOT EMBALMED, Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3387

P. O. Address PIEDMONT, N.C.

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.