

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18830

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

FILED JUN 27 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 9051

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Perryville Mo.  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Francis M. Vessells

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lillian Vessells 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased July 3 1874  
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Doctor Of Medicine

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Vessells  
13. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Meredith  
15. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Vessells  
(b) Address Perryville Mo.  
17. (a) Burial (b) Date thereof 5-26-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.  
18. (a) Signature of funeral director Young & Sons  
(b) Address Perryville Mo.  
19. (a) 5-25-44 (b) Thos G. Elmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry  
(c) City or town Perryville Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1944 hour 02 minute 30 A.  
21. I hereby certify that I attended the deceased from June 15 1943 to May 24 1944  
that I last saw him alive on May 23 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 day

Due to chronic cardiac-vascular  
Due to renal disease with hypertension 7 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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) (e) Means of injury 0

23. Signature Ed Carron (M. D. \_\_\_\_\_)  
Address Perryville Mo Date signed 5-24-44

1326 (Licensed Embalmer's Statement on Reverse Side)

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

JUN 17 1944

# RECEIVED

District Health Officer No. 4  
District File Number 644-3897  
Date Filed 6-6-44

JUN 19 1944

JUL 19 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 Wallace Young

Licensed Embalmer No. 4127

P. O. Address Perryville 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.