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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21612

FILED JUN 27 1946

Registration District No. 32 6131 Primary Registration District No. 41-9-64202 Registrar's No. 40

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Spickard
(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: 1 (Specify whether
In this community: 73-3-12
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Grundy 40
(c) City or town: Rural 0
(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: 0

3. (a) PRINT FULL NAME: Abbigal Vanderpool
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Femal
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John O Vanderpool
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: Jan (Month) 18 (Day) 1871 (Year)

8. AGE: Years 73 Months 3 Days 12 If less than one day hr. min.

9. Birthplace: Mercer co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farm
11. Industry or business:
MOTHER FATHER
12. Name: Joseph Pickett
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: John Vanderpool
(b) Address: Spickard Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May-2-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Groff Cem Mercer Co. Mo
18. (a) Signature of funeral director: Schooler Funeral Home
(b) Address: Spickard Mo.
19. (a) May 28 (Date received by local registrar) (b) John Earl Reich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 30
year: 1944 hour: 3 minute: 00 P. M.
21. I hereby certify that I attended the deceased from April 3, 1943, to April 30, 1944, that I last saw her alive on April 24, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral In.	
sufficiency	3 months
Due to: anemia	6 mo.
Due to:	
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?
(Specify type of place)
While at work? (e) Means of injury:
23. Signature: C. L. McClanahan (M. D. or other)
Address: Spickard Mo. Date signed: May 1 1944

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(Licensed Embalmer's Statement on Reverse Side)

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.