

FILED JUL 13 1944
 Registration District No. 579

Primary Registration District No. 6177

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Sullivan
 (b) City or town Rural Duchman
(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 years, months or days)
 In this community about 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan
 (c) City or town Rural 10500
(If outside city or town limits, write "RURAL")
 (d) Street No. Near Green City
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WARREN G. VANVELZER
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W.
 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Hannah Vanvelzer
 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased Nov 1 1859
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 25
 If less than one day _____ hr. _____ min.

9. Birthplace Princeton Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Marville Vanvelzer

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

14. Maiden name Becker

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

16. (a) Informant Paul G. Vanvelzer

(b) Address Green City, Mo.

17. (a) Burial (b) Date thereof 6-28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morelock Co.

18. (a) Signature of funeral director Wm E. Funt & Son

(b) Address Green City, Mo.

19. (a) June 30-44 (b) Paul G. Vanvelzer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
 year 1944 hour 5 minute 0 M.
 21. I hereby certify that I attended the deceased from June 16
1944 to June 26 1944
 that I last saw him alive on June 16 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular disease of heart & Nephritis
 Due to _____

Due to _____
 Other conditions 131 h
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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 W. Herington MD (M. D. or other) _____
 While at work? _____ (Specify type of place) _____
 (e) Means of injury _____
 Address Green City, Mo. Date signed 6-28-44

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

