V. S. No. 2
100M—8-43
Rev. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24528

Registration District No. 78

Primary Registration District No. 5357

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Pattonsburg Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Benton Twp (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 all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess

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

(d) Street No. North of Pattonsburg (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Malvina Ann Vandivert

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Martin Vandivert

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9 (Month) 23 (Day) 1867 (Year)

8. AGE: Years 76 Months 9 Days 11 If less than one day — hr. — min.

9. Birthplace Do Not Know (City, town, or county) 9 (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Francis Fargus
13. Birthplace Do Not Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Laura Wilkinson
15. Birthplace Do Not Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank Vandivert

(b) Address Pattonsburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cemetery

18. (a) Signature of funeral director S. M. Haas

(b) Address Bethany Mo

19. (a) 7-8-1944 (Date received local registrar) (b) L. O. Richesson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4 year 1944 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from Sawyer Ave, 19 , to July 4, 1944; that I last saw h. alive on July 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cancer of the Pyloric End of Stomach

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

46 P

Duration

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 John Parker (M. D. or other)

Address Pattonsburg Mo Date signed July 5/44

1084

(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 S. W. Hans

Licensed Embalmer No. 1078

P. O. Address Bethany 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.