

FILED SEP 8 1944
Registration District No. 107

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett Missouri
(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 59 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Kennett
(d) Street No. 105 Beaton
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edgar Brownley Vandiver

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deata Ann Vandiver 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 13 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Tallahassee Florida
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Theater Owner

11. Industry or business Cotton Gin Owner and Landowner

12. Name William Sanford Vandiver

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

14. Maiden name Deata Ann Brownley

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

16. (a) Informant Earl G Vandiver

(b) Address Kennett Missouri

17. (a) Burial (b) Date thereof 7 21 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kennett Missouri

18. (a) Signature of funeral director Lutz and Co

(b) Address Kennett Mo

19. (a) 8/25/44 (b) Julia Blankenship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1944 hour 8:25 minute 40 M.

21. I hereby certify that I attended the deceased from June 14 1944 to July 20 1944
that I last saw him alive on July 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Parkinson's disease

Due to General Arterial Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

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) no

(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 _____

23. Signature Paul Saldwin (M. D. or other) MD

Address Kennett Mo Date signed 7-20-44

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 944-1195

Date Filed 9-6-44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address Henrett me

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.