

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28072

FILED SEP 14 1944

Registration District No. 137

Primary Registration District No. 3028

State File No.

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
316 Fulton St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 61 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 316 Fulton St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME FREDRICK BIRCH VERMILLION

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

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

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

7. Birth date of deceased March 8, 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Retired Salesman

11. Industry or business

MOTHER FATHER { 12. Name Pickney D. Vermillion
13. Birthplace Louisville, Ky. (City, town, or county) (State or foreign country)
14. Maiden name Sarah J. Slinker
15. Birthplace Springfield, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Shelton
(b) Address Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) Aug. 12 '44 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12, year 1944 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Aug 10, 1944 to Aug 10, 1944

that I last saw him alive on Aug 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of mouth and throat

Due to

Due to

Other conditions (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?

While at work (Specify type of place) (M. D. or other)

23. Signature R. A. Webster (M. D. or other)

Address Carthage, Mo. Date signed Aug 12 '44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1203

(Licensed Embalmer's Statement on Reverse Side)

44-9-693

APR 19 1969

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..... *Edlellmer*

Licensed Embalmer No. *2272*

P. O. Address..... *Carthage*

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.