

FILED SEP 13 1944

Registration District No. 3038

Registrar's No. 362

1. PLACE OF DEATH: Linn
 (a) County... Brookfield
 (b) City or town... Brookfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: McLarney
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 22 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Mo (b) County... Chariton
 (c) City or town... Mendon Mo (Rural)
 (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

3. (a) PRINT FULL NAME Leo A. Vater
 3. (b) If veteran, name war... 3. (c) Social Security No...

4. Sex M 5. Color or race... 6. (a) Single, widowed, married, divorced, or married
 6. (b) Name of husband or wife... Anna Vater 6. (c) Age of husband or wife if alive... 18 years
 7. Birth date of deceased... Feb 20th 1898
 (Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 28 If less than one day hr. min.

9. Birthplace... Near Mendon Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation... farmer

11. Industry or business

MOTHER FATHER { 12. Name... John Vater
 13. Birthplace... Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name... Mary Oshaughnessy
 15. Birthplace... Near Mendon Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant... Mrs Anna Vater
 (b) Address... Mendon Mo.

17. (a) Burial (b) Date thereof... 8/22/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... St. Joseph

18. (a) Signature of funeral director... St. Joseph

(b) Address... Mendon Mo.

19. (a) 8-23-1944 (b) W. H. Cannon
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
 year 1944 hour 7 minute 30 P. M.
 21. I hereby certify that I attended the deceased from... July 25, 1944 to... Aug 18, 1944
 that I last saw him alive on... Aug 18, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death... ACUTE MYO CARDIAC 8/13/44

Due to... Resulting in acute cardiac collapse (terminal)
 Due to... 930

Other conditions... (Include pregnancy within 3 months of death)

Major findings: 7/26/44 Removal of acute appendix; normal autopsy post-operative period.

Duration... 8/13/44
 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature... W. H. Cannon (M. D. or other) W. H. Cannon
 Address... Mendon Mo Date signed 8/19/44

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

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.....

Licensed Embalmer No.

P. O. Address.....

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.