S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28217

Registration District No. 77 Primary Registration District No. 3040 Registrar's No. 93

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Hours (Specify whether
In this community 6 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 222 Cowgill St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carol Sue Vanderpool
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 4th. (Day) 1941 (Year)

8. AGE: Years 2 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Jamesport, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Calvin Vanderpool
13. Birthplace Katie, Iowa (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Dora Corbin
15. Birthplace Harrison County, Missouri. (City, town, or county) (State or foreign country)
16. (a) Informant Calvin Vanderpool
(b) Address Chillicothe, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8- 4-'44 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery
18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri.
19. (a) Aug 4-1944 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd. year 1944 hour 1:15 minute P: M.
21. I hereby certify that I attended the deceased from July 28, 1944 to Aug 3, 1944 that I last saw her alive on Aug 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death General septicemia staphylococcic — Duration 6 days
Due to Numerous Furuncles
Due to of buttock & body — 3 wks.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

24a

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 G. W. Carpenter (M. D. or other)
Address Chillicothe Mo Date signed Aug 4 1944
Aug 4, 1944

45 8

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

Elmer Thomas, Registered Apprentice No. .....,

working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe 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.