

No. 2  
8-43  
5-17-39  
K37823

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

FILED NOV 13 1944

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Meru

(b) City or town Princeton

(c) Name of hospital or institution 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

In this community 50 years

3. (a) PRINT FULL NAME Sarah F. Vanderpool

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 married

6. (b) Name of husband or wife Oliver Vanderpool

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb. 28 1874

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>7</u>	<u>17</u>	hr. min.

9. Birthplace Ind. 1

(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Jacob Peace

13. Birthplace Ind. 1

(City, town, or county) (State or foreign country)

14. Maiden name Adams

15. Birthplace Ind. 1

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edgar Seely

(b) Address Princeton Mo

17. (a) Burial (b) Date thereof 10-16-1944

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Mo

18. (a) Signature of funeral director Neil Mass

(b) Address Princeton Mo

19. (a) 10-17-44 (b) Ever Martin

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Meru. 65

(c) City or town Princeton (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15

year 1944 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from August

first 1943, to Oct. 15, 1944.

that I last saw her alive on October 15, 1944;

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and myocardial regeneration

Duration 5 yrs.

Due to Chronic glomerulonephritis

Duration 10 to 15 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131

Of autopsy

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 Alfred E. Jaff (M. D. or other) 200

Address Inf. Mariah Mo. Date signed 10-15-44

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

Signed Paul Messer  
Licensed Embalmer No. 2634  
P. O. Address Princeton, N.J.

**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.**