S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 1 / 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5551

State File No. 13570

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West-Plains, Lebo Rt. Howell Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether
In this community 1 hr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town West Plains,
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? ## years.

3. (a) PRINT FULL NAME Charles Van Wort.

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife #

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

7. Birth date of deceased March (Month) 3rd (Day) 1945 (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. min.

9. Birthplace Howell Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Samuel Jasper VanWort
13. Birthplace Pulaski Co., Mo. (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Laura A. Shuey
15. Birthplace Webb City, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Samuel J. VanWort
(b) Address West Plains, Mo. Lebo Rt.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/45 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cemetery

18. (a) Signature of funeral director Jesse Wilson
(b) Address West Plains, Mo. Lebo Rt.

19. (a) 3/10-45 (Date received local registrar) (b) Jail Harlow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Mar.~~ 4th day March
year 1945 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from 3/3/ 1945 to 3/4/ 1945;
that I last saw him alive on 3/3/45 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature birth	1 hr
Due to Acute Influenza in mother.	
Due to #	
Other conditions # (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. H. Thornburgh D (M. D. or other)
Address West Plains, Mo Date signed 3/4/4

1125

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 445-203
Date Filed 4-12-45

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, above space should be left blank.