

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17805**
Registrar's No. **132**

FILED JUN 7 1945
Registration District No. **2928**

Primary Registration District No. **5928**

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

1. PLACE OF DEATH:
(a) County **Pettis**
(b) City or town **Rural Heath's Creek**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1, Hughesville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Alma E. Vardeman**
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 **Married**
6. (b) Name of husband or wife **Jerry T. Vardeman** 6. (c) Age of husband or wife if alive **35** years
7. Birth date of deceased **July 3, 1916** (Month) (Day) (Year)

8. AGE: Years **28** Months **10** Days **21** If less than one day hr. min.

9. Birthplace **Benton County, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business *******

MOTHER FATHER
12. Name **Floyd Ireland**
13. Birthplace **Benton County, Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Ruth Scott**
15. Birthplace **Benton County, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Jerry T. Vardeman (husband)**
(b) Address **Route 1, Hughesville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5/27/45** (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cemetery**

18. (a) Signature of funeral director **Marion Ewing**

(b) Address **Sedalia, Mo.**

19. (a) **5/26/45** (Date received local registrar) (b) **Marion Ewing** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pettis**
(c) City or town **rural Heath's Creek**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 1, Hughesville, Mo.** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **24** year **1945** hour **4:20** minute **P** M.
21. I hereby certify that I viewed the deceased from **an** **May 24**, 1945, to **19**, that I last saw him alive on **19**, and that death occurred on the date and hour stated above.

Immediate cause of death **Electrical shock** Duration

Due to **Lightning**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **193-8**

Of autopsy **19**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **5/24/45**

(c) Where did injury occur? **Pettis Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **on farm**

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

23. Signature **Dr. H. L. Holden** (M. D. or other) **Dr.**

Address **292 E. 4th St. Bldg.** Date signed **5/24/45**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6/2/42

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. 3847

P. O. Address Sidahi M.

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.