

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

23265

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 13 1945

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3190

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Fansau City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1721 Prospect
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 10 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson⁴⁸

(c) City or town Fansau City³
(If outside city or town limits, write "RURAL")

(d) Street No. 1721 Prospect⁸
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)⁶
If yes, name country _____

3. (a) PRINT FULL NAME DONALD B VINSON

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Irvin Vinson

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

7. Birth date of deceased: Dec. 25 -
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28
year 1895 hour 7:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>about 72</u>				_____ hr. _____ min.

Immediate cause of death: Crown artery sclerosis

Due to Coronary sclerosis

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

10. Usual occupation Carpenter, Barber

11. Industry or business _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94 a

Major findings: _____
Of operations: _____

MOTHER FATHER

12. Name P. C. Vinson

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Kirby

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

Of autopsy No

Histology & Prognosis

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

16. (a) Informant Mrs. V. M. Rabe

(b) Address 411 Benton

17. (a) Cremation (b) Date thereof 7/30/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

(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? _____

18. (a) Signature of funeral director Ol Samuelsen

(b) Address 3024 Front ave

19. (a) 7-29-45 (b) Alradine Helms
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature James C. ... (M. D. or other) _____

Address 1824 ... Date signed 7-29-45

(Licensed Embalmer's Statement on Reverse Side)

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

18
3
5

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Francis Walton

Licensed Embalmer No.

2749

P. O. Address.....

19 Com

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.