S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1945

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 24066

Registration District No. 1333 Primary Registration District No. 3022 Registrar's No. 64

**1. PLACE OF DEATH:**
(a) County: HARRISON
(b) City or town: BETHANY (If outside city or town limits, write "RURAL" and name of township)
(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 ..... (Specify whether In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: MISSOURI (b) County: HARRISON 41
(c) City or town: BETHANY (If outside city or town limits, write "RURAL") 1
(d) Street No. ..... (If rural, give location) 1
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: KATHERINE VANDERPOOL
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband ~~or wife~~: BENJAMIN
6. (c) Age of husband or wife if alive: Decd years
7. Birth date of deceased: 6 (Month) 11 (Day) 1864 (Year)

8. AGE: Years 81 Months 1 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace: CLAYTON (City, town, or county) ILL. 1 (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business .....

FATHER
12. Name: HERMAN LOCKE
13. Birthplace: (City, town, or county) FRANCE 5 (State or foreign country)

MOTHER
14. Maiden name: BESSIE GOULDE
15. Birthplace: (City, town, or county) IRELAND 4 (State or foreign country)

16. (a) Informant: Bessie Selby
(b) Address: Bethany, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/16/45 (Month) (Day) (Year)
(c) Place: burial or cremation: PYTHIAN
18. (a) Signature of funeral director: S. M. Hess
(b) Address: Bethany, Mo.
19. (a) July 14, 1945 (Date received local registrar) (b) Zora Burris (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 7 day 14 year 1945 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from 1942, 19..., to July 14, 1945, that I last saw her alive on July 8 14, 1945, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma of Stomach | 1yr. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations: Chronic endocarditis
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:
(c) 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. M. Probst (M. D. or other) DO
Address: Bethany Mo Date signed 7/14/45

303 (Licensed Embalmer's Statement on Reverse Side)

## 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 Thornton N. Haas

Licensed Embalmer No. 2861

P. O. Address Bethany, 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.**