No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30890

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 105

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether

In this community 14 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. Route 2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JONAS VINEY

3. (b) If veteran, name war No

3. (c) Social Security No. unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased November (Month) 20 (Day) 1876 (Year)

8. AGE: Years 68 Months 8 Days 20 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Wis. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Emil Viney
13. Birthplace unknown (City, town, or county) Wis. (State or foreign country)

MOTHER
14. Maiden name Sophia Berge
15. Birthplace unknown (City, town, or county) Wis. (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9-45 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Oscar L. Marsh

(b) Address 229 N. Church St Aurora Mo.

19. (a) Aug 20/45 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 9 year 1945 hour 2 minute 45a M.

21. I hereby certify that I attended the deceased from July 27, 1945, to August 8, 1945 that I last saw him alive on August 8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Purulent Pericarditis Acute Myocarditis

Duration few wks

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: ~~Of operations~~ Purulent pericarditis myocarditis, Aortic valvulitis

Of autopsy Anasarca, ante-mortem thrombi, intracardiac

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 G. L. Lynchowa (M. D. or other) MD

Address Mt Vernon, Mo Date signed 8/9/45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 945-945
Date Filed SEP 19 1945

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: Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Aurora 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.