

FILED OCT 28 1945

Registration District No. _____

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Roberta Vandell

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 INFANT

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased August 1, 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>2</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name Wilma Vandell

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

16. (a) Informant Wilma Vandell

(b) Address Mineau Mo

17. (a) Burial (b) Date thereof 10-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Branson Mo

18. (a) Signature of funeral director R. O. Whitel

(b) Address Branson Mo

19. (a) 10-12-45 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10
year 45 hour 11 minute 18 P M.

21. I hereby certify that I attended the deceased from 10-10-45 to 10-10-45
that I last saw her alive on 10-10-45
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Mal. of heart

Due to _____

Due to _____

Other conditions Pneumonia 1 wk
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 157

Duration Life

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Arthur Busch (M. D. or other) _____

Address Springfield Mo Date signed 10-11-45

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 *Minnie L. Whelchel*.....

Licensed Embalmer No. *2277*.....

P. O. Address *Branson 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.

X