

3. No. 2
1-542
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38210

FILED DEC 10 1945

Registration District No. 270

Primary Registration District No. 5942

State File No. _____

Registrar's No. 144

1. PLACE OF DEATH

(a) County Phelps

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

(c) Name of hospital or institution: 1olla Hosp.
(If not in hospital or institution, write street number or location)

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

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps

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

(d) Street No. Edgar Springs Star Route
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charley U. Vankirk

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1945 hour 6 minute P. M.

4. Sex mo 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie Vankirk (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 30 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him dead alive on Nov. 22 _____ 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

8. AGE: Years Months Days If less than one day

70 10 22 hr. min.

Due to Arterio Sclerosis

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

Due to Senility

10. Usual occupation Farmer

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

11. Industry or business _____

Major findings: Of operations 93e

12. Name W. M. Vankirk

Of autopsy _____

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

14. Maiden name Elizabeth M. Sarty

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

16. (a) Informant Minnie Vankirk

(b) Address Edgar Springs Star Route - Rural

17. (a) Buried (b) Date thereof 11-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beaver Dam

18. (a) Signature of funeral director W. J. Full

(b) Address Mo.

19. (a) Nov. 25, 1945 (b) Mrs. Juanita Harvey
(Date received local registrar) (Registrar's signature)

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 3

23. Signature W. J. Full (M. D. or other) General

Address Rural Mo. Date signed 11/24/45

Duration 4 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed S. L. Nunez
.....
Licensed Embalmer No. 3394
.....
P. O. Address Rolla 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.