

Registration District No. 133

Primary Registration District No. 4205

1. PLACE OF DEATH: Harrison
 (a) County Harrison
 (b) City or town Gilman City, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: no
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 1 week years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Muer 65
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Wesley County 0
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

3. (a) PRINT FULL NAME Lousia M. Vanvacter
 3. (b) If veteran, name war no
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 29
 year 1946 hour 6 minute 20 M.
 21. I hereby certify that I attended the deceased from April 20th
 1946 to April 29th 1946
 that I last saw her alive on April 28th 1946
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: May 2 1867
 (Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis 1 year
 Duration _____

8. AGE: Years 78 Months 11 Days 27 If less than one day
 hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: g3d
 Of operations _____
 Of autopsy _____

9. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation housewife

11. Industry or business _____
 12. Name William S. Cordle
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Brummett
 15. Birthplace unknown 6
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Earnest Carter
 (b) Address Gilman City, Mo
 17. (a) burial (b) Date thereof May 1, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Paul Minn.

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Cliver F. Ruffey (M. D. or other) MD
 Address St. Paul, Minn. Date signed April 20th 46

18. (a) Signature of funeral director Noel Moss
 (b) Address Princeton, Mo
 19. (a) May 2 - 1946 (b) John Burrows
 (Date received local registrar) (Registrar's signature)

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

41
0
0

116

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Signed Doel Moss
Licensed Embalmer No. 2634
P. O. Address Princeton, 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.