

**FILED** JUN 13 1946

Registration District No. 383

Primary Registration District No. 5655

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mt. Vernon, Mo.  
(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 18 days  
In this community 18 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Gideon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lee Vessel

3. (b) If veteran, name war No 3. (c) Social Security No. 488-20-3605

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 9 1904  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>2</u>	<u>0</u>	hr. _____ min.

9. Birthplace Campbell Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Pool Hall Operator

11. Industry or business

12. Name Henry M. Vessel  
13. Birthplace Perry County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nora Amanda Kean  
15. Birthplace Craighead Illinois  
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant E. McMichael, Record Clerk.  
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Remove (b) Date thereof May 9 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell, Mo

18. (a) Signature of funeral director Geo. A. Orr

(b) Address Mt. Vernon, Mo

19. (a) 5/20/46 (b) DR. [Signature]  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th  
year 1946 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from April 22d 1946 to May 9th 1946  
that I last saw h. in alive on May 9th 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis About 1 yr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy, within 3 months of death) \_\_\_\_\_

Major findings: Of operations 13K

Of autopsy \_\_\_\_\_

Duration  
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 G. J. [Signature] (M. D. or other) \_\_\_\_\_  
Address Mt. Vernon, Mo. Date signed 5-9-46

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

16110

RECEIVED  
District Health Officer No. 37  
District File No. 646-662  
Date Filed JUN 11 1946

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.....  
Licensed Embalmer No. 946  
P. O. Address.....  
W. Vernon 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.