S. No. 2
DM—2-43
v. 5-17-39
X35697

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

33035

34208

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 83

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution: Lathan Sanatarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 2 1/2 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau 68

(c) City or town California, Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. Sol. Oak. 1
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HARRY VAIL

3. (b) If veteran, name war No

3. (c) Social Security No. 490-05-8682

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lucy A. Beagle

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan (Month) 7 (Day) 1881 (Year)

8. AGE: Years 65 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Northfolk (City, town, or county) Nebraska 1 (State or foreign country)

10. Usual occupation Manager

11. Industry or business

MOTHER FATHER

12. Name Geo. E. Vail

13. Birthplace London (City, town, or county) Canada 2 (State or foreign country)

14. Maiden name Melvina Burwell

15. Birthplace (City, town, or county) Conn. 1 (State or foreign country)

16. (a) Informant Melvin C. Vail.

(b) Address 5747 Kenwood, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct 10 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Whiting, Kansas

18. (a) Signature of funeral director A. E. Wilson

(b) Address California, Mo.

19. (a) 10-9-46 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1946 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Oct 8, 1946, to Oct 8, 1946, that I last saw him alive on Oct 8, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fractured skull	8 hours
Due to: Pole accidently fell on head.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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) accident 8

(b) Date of occurrence Oct 8 - 1946

(c) Where did injury occur? California (City or town) Moniteau (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On railroad siding - (Specify type of place)

While at work? yes (e) Means of injury Telephone Pole 0

23. Signature Kenyon Latham (M. D. or other)

Address California Mo Date signed 10-9-46

(Licensed Embalmer's Statement on Reverse Side)

DD 2

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 10-21-46
OCT 29 1946
OCT 24 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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.