

S. No. 2
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5-17-39
#1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAR 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5239

State File No. _____

Registration District No. 155

Primary Registration District No. 4244

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carterville

(c) Name of hospital or institution: 402 N. KANE

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Jasper

(c) City or town Carterville

(If outside city or town limits (write "RURAL"))

(d) Street No. 402 N. KANE

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lawrence Albert Venzette

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Walter Venzette

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 16 1892

(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1947 hour 10 30 minute 00 M.

21. I hereby certify that I attended the deceased from Feb 15 1947 to Feb 21 1947 that I last saw her alive on Feb 21 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Coronary Occlusion

8. AGE:

Years	Months	Days	If less than one day
54	6	5	hr. min.

Duration _____

Due to _____

Due to _____

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

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

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation Manufacturer

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? _____

11. Industry or business _____

12. Name of Mother, FATHER: _____

13. Birthplace of Mother, FATHER: _____ (City, town, or county) (State or foreign country)

14. Maiden name of Mother, FATHER: _____

15. Birthplace of Mother, FATHER: _____ (City, town, or county) (State or foreign country)

16. (a) Informant of Mother, FATHER: _____

(b) Address of Mother, FATHER: _____

17. (a) Burial, cremation, or removal of Mother, FATHER: _____

(b) Date thereof Feb 24 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director of Mother, FATHER: _____

(b) Address of Mother, FATHER: _____

19. (a) FEB 24 47 (Date received local registrar)

(b) _____ (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature of _____ (M. D. or other)

Address _____ Date signed _____

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(Licensed Embalmer's Statement on Reverse Side)

47-2-155

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 Blayton M Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.