

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13769

FILED APR 25 1947

Registration District No. 150

Primary Registration District No. 5574

Registrar's No. 62

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

48
6
0

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
RF #1 Lone Jack, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years
(Specify whether)

In this community 40 years
(years, months or days)

3. (a) PRINT FULL NAME Francis Bell Deyerle

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Benjamin W. Deyerle

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

7. Birth date of deceased July 30 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>8</u>	<u>11</u>	hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Self Employed

12. Name Milton Vaughn

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

14. Maiden name Sarah Ann Homes

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

16. (a) Informant "Mr. Ernest Deyerle"

(b) Address RF #1 Lone Jack Missouri

17. (a) Burial (b) Date thereof 4 15 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) APRIL 15 1947 (b) Francis C. Samscher
(Date received local registrar) (Registrar's signature) 279

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Van Buren Township 0
(If outside city or town limits, write "RURAL")

(d) Street No. RF #1 Lone Jack, Mo. 0
(If rural, give location)

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

If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1947 hour 6 minute 20 AM.

21. I hereby certify that I attended the deceased from Apr. 1, 1947, to Apr. 1, 1947; that I last saw her alive on Apr. 1, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 days

Due to Arteriosclerosis 10yr

Due to _____

Other conditions dislocation of hip
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

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)

(c) Means of injury 0

23. Signature [Signature] (M. D. or other)

Address Dalton, Mo. Date signed 7/11/47

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

FEB 26 1957

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.....

Charles F. Taylor....., Registered Apprentice No. *411*
working under my personal supervision.

Signed.....
R. A. Lisle

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.