

FILED MAY 16 1947

Registration District No. 15

Primary Registration District No. 3028

Registrar's No. 102

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Gregory Nursing Home, 119 N. McGregor
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 months
(Specify whether
 In this community _____
years, months or days)

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

3. (a) PRINT WILLIS WARREN VINCENT
 FULL NAME
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 27
 year 1947 hour 7 minute 55 A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced. Widowed
 6. (b) Name of husband or wife Lillie Worley Vincent
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 15 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15 1947, to Apr 27 1947
 that I last saw him alive on Apr 8 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>5</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Myocarditis, Chronic. Arterio Sclerosis.
 Due to Senility
 Due to _____

Duration 5 yrs.

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

Other conditions none
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations none
 Of autopsy none

PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Henry M. Vincent
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy Beaston
 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

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. Edna Dodson
 (b) Address Golden City, Missouri
 17. (a) Burial (b) Date thereof April 29 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Howell Cem. Milford, Mo.
 18. (a) Signature of funeral director KONANTZ FUNERAL HOME
Lamar, Missouri
 (b) Address _____
 19. (a) 4-28-47 (b) L. B. Clement
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature George H. Wood (M. D. or other)
 Address Carthage Mo Date signed Apr 27 47

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

MOTHER FATHER

41-41413

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.....

..... **Harvey E. Arnce**, Registered Apprentice No. **412**

working under my personal supervision.

Signed.....

Carl F. Monantz

Licensed Embalmer No. **2247**

P. O. Address **Lamar, Missouri**

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.