

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Robt. Schauf
State File No. 20358
Registrar's No. 81

Registration District No. 11 Primary Registration District No. 3012

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
214 North Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community all His Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 214 North Main
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY CLAYTON VANDERPOOL
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31
year 1947 hour 8 minute 05 p.M.
21. I hereby certify that I attended the deceased from 5/27
1947, to 5/31 1947
that I last saw h. alive on 5/31 1947
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Rheaby, Jane Vanderpool live ✓ years
7. Birth date of deceased Feb. 18, 1864
(Month) (Day) (Year)

Immediate cause of death Thrombotic Myocardial Infarction Duration 6 days
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
83 3 13 hr. min.

Other conditions (Include pregnancy within 3 months of death) 227
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Ray County, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Thomas Benton

13. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Campbell

15. Birthplace unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie E. Duncan

(b) Address 214 N. Main Ex. Spgs. Mo.

17. (a) Burial (b) Date thereof June 13, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old New Garden Rayls.

18. (a) Signature of funeral director Virgil Hope

(b) Address Excelsior Springs, Mo.

19. (a) June 7, 1947 (b) Carroll B. Tubbs
(Date received local registrar) (Registrar's signature)

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 _____
Signature R. Schauf (M. D. or other) Dr.
Address Excelsior Springs, Mo. Date signed 5/31/47

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

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-16-17

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

James A. Moler

Licensed Embalmer No. 3296

P. O. Address

Ex Springs 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.