

No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26680

State File No. _____

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Monett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nancy Jane Vermillion
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Burrell Vermillion
 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased November 22 1866
 (Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 25
 If less than one day _____ hr. _____ min.

9. Birthplace St. Marys Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business None

MOTHER FATHER

12. Name George Moore
 13. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

14. Maiden name Nancy Carney
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant O. U. Vermillion
 (b) Address 411 W. Dunn Monett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 1947
 (Month) (Day) (Year)

(c) Place: burial or cremation Loofeen Monett Mo.

18. (a) Signature of funeral director Callaway's
 (b) Address Monett Mo.

19. (a) 8-21-47 (Date received local registrar) (b) W. M. West (Registrar's signature) 12

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
 (c) City or town Monett
 (If outside city or town limits, write "RURAL")
 (d) Street No. 411 W. Dunn
 (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 Aug day 17
 year 1947 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1947, to Aug 17, 1947
 that I last saw her alive on Aug 17, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Durghon
5 days

Due to arteriosclerosis and hypertensive

Due to _____

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

Major findings: Of operations gpa
 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) _____

(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) (e) Means of injury _____

23. Signature W. M. West (M. D. or other) MD
 Address Monett Mo. Date signed 8-19-47

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

RECEIVED

District Health Officer No. 6,
District File Number 847-941
Date Filed AUG 29 1947

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 J. P. Buchanan
Licensed Embalmer No. 3119
P. O. Address Wendell, N.C.

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.