

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 3 1947

Registration District No. 22

Primary Registration District No. 5112

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Bollinger
(b) City or town Lafayette
(c) Name of hospital or institution:

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

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

In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME LAURA JANE VANGILDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John W. Vangilder 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan 26 1868
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Hurf.

11. Industry or business _____

12. Name B. J. Winters

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

14. Maiden name Sarah Huffman

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

16. (a) Informant Mr. J. W. Vangilder

(b) Address Lafayette, Mo.

17. (a) Burial (b) Date thereof Aug 26 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barbs Chapel

18. (a) Signature of general director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) Aug. 26 1947 (b) Maria VanDusen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger

(c) City or town Lafayette
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1947 hour 7:00 minute 4:00 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw her alive on 8/25/47 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Hemorrhage

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 2

23. Signature John J. Winters (M. D. or other)

Address Lutesville, Mo. Date signed 8/26/47

RECEIVED

District Health Officer No. 4

District File Number 947-1127

Date Filed 9-2-47

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. E. Graham*

Licensed Embalmer No. 4010

P. O. Address *Lutesville, 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.