S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1947

Registration District No. 132

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27492

Primary Registration District No. 5477 Registrar's No.

1. PLACE OF DEATH:

(a) County: Grundy

(b) City or town: Madison (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.7 D#7, Trenton, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: 7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Grundy

(c) City or town: Warman (If outside city or town limits, write "RURAL") Rural

(d) Street No.: R.7 D#7 (If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: Amanda Vanderpool

3. (b) If veteran, name war: —

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: John Vanderpool

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

7. Birth date of deceased: Feb (Month) 22 (Day) 1860 (Year)

8. AGE: Years 87 | Months 5 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace: Mercer County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: Home

FATHER
12. Name: William Campbell
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Betty Campbell
15. Birthplace: Unknown (City, town, or county) Alabama (State or foreign country)

16. (a) Informant: Earl Vanderpool
(b) Address: R.7 D#7, Trenton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 9 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Christian Union Cemetery, Mo.

18. (a) Signature of funeral director: Rayne A. Davis
(b) Address: Trenton Mo.

19. (a) 8/8/47 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th year 1947 hour 4:50 minute P.M.

21. I hereby certify that I attended the deceased from Jan 1st 1944 to Aug 6th 1947 that I last saw her alive on Aug 5th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration 3 years

Due to: Do not Know

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____ 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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: ____

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

Address: Trenton Mo. Date signed: Aug 6th 1947

(Licensed Embalmer's Statement on Reverse Side)

Cameron, Mo.

OFFICE

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed Raymond H. Williams

Licensed Embalmer No. 3424

P. O. Address Trenton 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.