

FILED SEP 18 1947
Registration District No. **43**

Primary Registration District No. **5735**

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

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Dulin, Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ASH Hill Twp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Butler 12**
(c) City or town **Dulin**
(If outside city or town limits, write "RURAL")
(d) Street No. **4 mi west**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Lillie White A. Vinson**
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **S. D. Vinson**
6. (c) Age of husband or wife if alive **82** years
7. Birth date of deceased **Aug 29 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 **2** **27** hr. min.

9. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Daniel J. Hardin**

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

14. Maiden name **Jane Souders**

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

16. (a) Informant **Lucy Davis**

(b) Address **Dulin, Mo. Rt. 2**

17. (a) **Burial** (b) Date thereof **9-9-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marble Hill Cemetery**

18. (a) Signature of funeral director **Robert Russell**

(b) Address **Poplar Bluff, Mo.**

19. (a) **9/9/47** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **1**
year **47** hour **2:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **22 Jan.** 19**46**, to **1 Sept.** 19**47**
that I last saw her alive on **7 July** 19**47**;
and that death occurred on the date and hour stated above

Immediate cause of death **Myocarditis, Acute**
Duration **24 hrs.**

Due to **Pneumonia, lobar** **13 Apr. 1947**

Due to **Bronchitis, chronic & Bronchiectasis** **6-7 yrs.**

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings: Of operations **10%**

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 **C**

23. Signature **Hester Harwell** (M. D. brother)

Address **Poplar Bluff, Mo.** Date signed **Sept 1947**

RECEIVED
District Health Office No. 2,
District Fil. Number 949-1230
Date Filed 9-15-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.