

FILED NOV 4 1947

Registration District No. 268

Primary Registration District No. 4396

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

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

In this community Life-time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Wardell
(If outside city or town limits, write "RURAL")

(d) Street No. X
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Blanch Evelyn Vandriest

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1947 hour 3 minute 15 A.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George H. Vandriest

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased August 1
(Month) (Day) (Year)

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

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>1</u>	<u>7</u>	hr. _____ min.

Immediate cause of death Drinking Paris Green

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

Due to _____

Due to _____

10. Usual occupation House-wife

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

11. Industry or business X

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Clarence Williams

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

14. Maiden name Georgie Ann Pulliam

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

16. (a) Informant George H. Vandriest

(b) Address Wardell, Mo.

17. (a) Burial (b) Date thereof 10/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell Cemetery

18. (a) Signature of funeral director H. S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 10-9-47 (b) Mrs H. Gullett
(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) Suicide

(b) Date of occurrence October 8, 1947

(c) Where did injury occur? Wardell, Pemiscot, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Jack Kelley Coroner 3
Address Hayti (M. D. or other)

Date signed 10-8-47

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

78
0
0

11-47-293

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.....

William J. Pike

....., Registered Apprentice No. *440*

working under my personal supervision.

Signed.....

Jamie A. Osburn

Licensed Embalmer No. *4185*

P. O. Address. *Caruthersville, 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.