No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37367

Registration District No. 55 — Primary Registration District No. 3011 — Registrar's No. 252

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Atwood Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll 17
(c) City or town Carrollton 1 (If outside city or town limits, write "RURAL")
(d) Street No. ..... 1 (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas G Vinson

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

4. Sex M 0 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widowed 2

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

7. Birth date of deceased June (Month) 29 (Day) 1863 (Year)

8. AGE: Years 84 | Months 4 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Carroll (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name William Vinson
13. Birthplace ..... (City, town, or county) KY 1 (State or foreign country)

MOTHER
14. Maiden name Margaret Smith
15. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Nettie Owens
(b) Address Carrollton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Coloma

18. (a) Signature of funeral director E. A. Dickerson
(b) Address Bogard, Mo.

19. (a) 11/28/47 (Date received local registrar) (b) Mrs Herbert Calvert (Registrar's signature) 45

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 27 day ..... year 1947 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from November 26, 1947, to November 27, 1947; that I last saw him alive on November 27, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture, base of skull	7½ hrs
Due to fall when struck down on highway by moving automobile.	
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.

170 C 1 -8 2

22. If death was due to external causes, fill in the following: 017
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 11-26-47
(c) Where did injury occur? Carrollton (City or town) Carroll (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway #65 (Specify type of place)
While at work? ..... (e) Means of injury See above

23. Signature J. Mc H. Platz M.D. 0 (M. D. or other)
Address Carrollton Mo. Date signed 11-28-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 12-3-47

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 E. A. Dickinson

Licensed Embalmer No. 2534

P. O. Address Bogard 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.