S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40606

Registration District No. 325 Primary Registration District No. 4479 Registrar's No. 110

1. PLACE OF DEATH:

(a) County Schuyler

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

(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 97 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 98

(c) City or town Queencity Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location) 0

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

If yes, name country ____

3. (a) PRINT FULL NAME Joseph Buchanen Vittetoe

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

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

7. Birth date of deceased Oct. (Month) 1, (Day) 1850 (Year)

8. AGE: Years 97 Months 1 Days 22 If less than one day ____ hr. ____ min.

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

10. Usual occupation retired farmer

11. Industry or business ____

FATHER
12. Name Stephen S. Vittetoe
13. Birthplace Tenn. /
(City, town, or county) (State or foreign country)

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

16. (a) Informant Carrie Shelton
(b) Address Queen City Mo.

17. (a) burial (b) Date thereof Nov. 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Queen City Cemetery

18. (a) Signature of funeral director Wm N. West
(b) Address Queen City, Mo.

19. (a) Dec. 2/47 (b) Mrs. A. J. Drake
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1947 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from 1935, 1935 to Nov. 20, 1947
that I last saw him alive on Nov. 26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infirmate of old age	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

162 B

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 J. O. Coffey (M. D. or other)
Address Queen City Mo. Date signed Nov 25 1947

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1947

RECEIVED
District Health Officer No. 10
District File Number 12-47-1683
Date Filed DEC 10 1947

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 Self

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm M West

Licensed Embalmer No. 2882

P. O. Address Queen City 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.