

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

State File No. ....

FILED DEC 26 1947

Registrar's No. 200

Registration District No. 71

Primary Registration District No. 3012

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

1. PLACE OF DEATH:

(a) County Clay

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

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

(d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)

In this community 38 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Excelsior Springs /  
(If outside city or town limits, write "RURAL")

(d) Street No. 128 Saratoga St. /  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0  
If yes, name country .....

3. (a) PRINT FULL NAME ARTHUR VAIL

3. (b) If veteran, name war .....

3. (c) Social Security No. 491-01-841

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19  
year 1947 hour 12:26 minute A. M.

21. I hereby certify that I attended the deceased from 12-10, 1947, to 12-18, 1947;  
that I last saw him alive on 12-18, 1947;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Blanche 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased October 6 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>2</u>	<u>13</u>	hr. min.

Immediate cause of death Uremia  
Chronic Glomerular Nephritis  
Chronic Lung Disease

Due to .....

Duration 10 days  
3 months

Other conditions (Include pregnancy within 3 months of death) .....

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

10. Usual occupation Dairyman - Retired

11. Industry or business Milk Products

12. Name Jasper Vail

13. Birthplace Cincinnati, Ohio /  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Leabo

15. Birthplace Caldwell County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche Vail  
(b) Address 128 Saratoga, Ex. S'ps, Mo.

17. (a) Burial (b) Date thereof 12/20/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery  
Claude Prichard

18. (a) Signature of funeral director .....

(b) Address Excelsior Springs, Mo.

19. (a) 12/20/47 (b) Baseline Hutter  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations .....

Of autopsy .....

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 E. B. Hobbs (M. D. or other) M.D.  
Address Excelsior Springs, Mo. Date signed 12/20/47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-24-47

DEC 29 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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

*Albert S. White*

Licensed Embalmer No.

4168

P. O. Address

*Exelsior Sp. Ma*

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.