

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

9849
Do not use this space.

FILED MAR 24 1948

1. PLACE OF DEATH

(a) County Reynolds Registration District No. 300
 (b) Township..... Primary Registration District No. 4449 Registered No.....
 (c) City Ellington Mo. (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Robert Vermillion
 (a) Residence, No..... St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MO</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant 0</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-20-1948</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Infant</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ellington, Mo. 0</u>		
FATHER	13. NAME <u>Harlan B. Vermillion</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Winona Mo 0</u>	
MOTHER	15. MAIDEN NAME <u>Sylvia Mae Raines</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ellington Mo. 1</u>	
17. INFORMANT (ADDRESS) <u>Stella Raines Ellington Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ellington Cemetery</u> DATE <u>2-10-1948</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Friends & Relatives of Ellington Mo</u>		
20. FILED <u>3/2</u> 19 <u>48</u> <u>Eddie E. Evans</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9, 1948

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw h..... alive on Feb. 9, 1948 Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
Definite cause of death unknown. Probably due to congenital Epilepsy and intion
 Date of onset of birth 1-20-48
 Other contributory causes of importance: No medical attendance.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? 8
 If so, specify.....
 (Signed) Eddie E. Evans L.P., M. D.
 (Address) Ellington Mo.

REPT

District

District

Date Filed

Form No 5,

348178

3-20/48

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, above space should be left blank.