No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 1 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30176

Registration District No. 155 — Primary Registration District No. 5579 — Registrar's No. 133

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural MINERAL TWP. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Mile North of Carterville, Shady Grove Cabins 2 Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ABOUT ONE HOUR.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania (b) County 177
(c) City or town Camp Hill 36
(If outside city or town limits, write "RURAL")
(d) Street No. 10 S. 17th Street 0
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Frank Vonhauser
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Wife Irene E. Vonhauser
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Jan. (Month) 31 (Day) 1892 (Year)

8. AGE: Years 56 | Months 7 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace White Church Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation Core Maker
11. Industry or business Bethany Steel
FATHER
12. Name John P. Vonhauser
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marie Stephanie
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Irene E. Vonhauser
(b) Address 10 S. Hill St. Camp Hill, Penn
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 7, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Camp Hill. Penn.
18. (a) Signature of funeral director Johnston-Arnce-Simpson Mortuary
(b) Address Webb City, Missouri
19. (a) SEPT. 7, 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from ..... to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Did Not Attend

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 2

23. Signature [signature] M. D. or other Do
Address 2114 Joplin Date signed 9/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) JOPLIN, MO

0

48-8-757

MAR 3 1955

OCT 5 1948

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 Jack C. Simpson, Registered Apprentice No. 38, working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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.