S. No. 300
M—10-47
v. 5-17-39
P I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 21 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32354

Primary Registration District No. 3012

Registrar's No. 135

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

1. PLACE OF DEATH:

(a) County: Clay

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

(c) Name of hospital or institution: Mitchel Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo (b) County: Daviess

(c) City or town: Coffey
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

3. (a) PRINT FULL NAME: Laura Vandevart

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

3. (c) Social Security No.: X

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: William Thomas Vandevart (Decd)

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

7. Birth date of deceased: Feb (Month) 8 (Day) 1880 (Year)

8. AGE: Years 68 Months 8 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace: Clark Co IOwa (City, town, or county) (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business .....

MOTHER FATHER

12. Name: John W. Benham

13. Birthplace: KY (City, town, or county) (State or foreign country)

14. Maiden name: Mary E. Courter

15. Birthplace: Not Known (City, town, or county) (State or foreign country)

16. (a) Informant: Ed Bennum

(b) Address: Coffey, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/10/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Coffey, Mo

18. (a) Signature of funeral director: G. Bryner

(b) Address: Pattonsburg, Mo

19. (a) 10/8/48 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1948 hour 11:12 minute A M.

21. I hereby certify that I attended the deceased from 9/24/48, 19..., to Oct 8, 19 48 that I last saw h. alive on Oct 5, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus — Duration

Due to .....

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.

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: [illegible] (M. D. or other) CO.

Address: Mitchell Sanitarium Date signed 10-8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-20-48

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 Will be

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

working under my personal supervision.

Signed G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.