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47-020642
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11454**
Registrar's No. **27**

Registration District No. **11**

Primary Registration District No. **5044**

1. PLACE OF DEATH:

(a) County **Barry**

(b) City or town **Washburn (Rural)**
(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 _____
years, months or days

3. (a) PRINT FULL NAME **Patricia Vanderpool**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **71** 5. Color or race **W.**

6. (a) Single, widowed, married, divorced **50**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Apr. 3 1949**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day **1 hr. 0 min.**

9. Birthplace **Washburn (Rural)**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

MOTHER FATHER

11. Industry or business _____

12. Name **Charles Jefferson Vanderpool**

13. Birthplace **Barry Co., Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Martina Ellen Blanton**

15. Birthplace **Benton Co., Ark.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jeff Vanderpool**

(b) Address **Washburn, Mo.**

17. (a) **Truloni Cemetery** (b) Date thereof **Apr. 3-49**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Truloni Cemetery**

18. (a) Signature of funeral director **A G Vanderpool**

(b) Address **Washburn, Mo.**

19. (a) **Apr 9-1949** (b) **Grace Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**

(c) City or town **Washburn (Rural)**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **3**
year **1949** hour **4** minute **20** A.M.

21. I hereby certify that I attended the deceased from **at birth**
Apr. 3 1949 to **Apr. 3 1949**
that I last saw her alive on **Apr. 3 1949**
and that death occurred on the date and hour stated above.

Immediate cause of death **Rectal Hemorrhage**
(started before birth)

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy **7710**

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? _____

While at work? _____ (Specify type of place) _____

(e) Means of injury **2**

23. Signature **E E McDaniel**
Caseville, Mo. Date signed **3/9/49**

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

RECEIVED

District Health Officer No. 6;

District File Number 449-466

Date Filed 4-19-49

This baby just lived 1 hr and the Dr who the death certificate informed me that the baby was not embalmed.

Grace Williams
Local Registrar
Dist 11 -

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, fact should be so stated above.