

DECEMBER 20 1938

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

32304  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 367  
(b) Township Jessville Primary Registration District No. 5501A Registered No. \_\_\_\_\_  
(c) City Clinton (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 Jacob Vanhoozer 526

(a) Residence, No. Clinton Mo. R.R. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura L Vanhoozer

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1938, to 9-29, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-17-1865

I last saw h.l. in alive on 9-28, 1938. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 8 12

to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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 Life

Date of onset

Prostatic Hypertrophy  
Urinary retention for 5 days  
Suppression of Urine following  
Other contributory causes of importance:  
Calculation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bushville Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

FATHER 13. NAME Andrew Vanhoozer

What test confirmed diagnosis? 131 Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Jane Duke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Drannill Hill Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crem DATE Sept 30 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred C. Williams Clinton Mo

20. FILED 10-1 1938 Dr. J. R. Hampton Local Registrar

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? No

If so, specify \_\_\_\_\_

(Signed) E. C. DeLors M. D. (Address) Clinton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS

DATE OF DEATH

DECEASED

AGE

SEX

PLACE OF DEATH

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF BIRTH

DATE OF DEATH

DECEASED

Health Officer No. 7

Death File Number 7-38-251

Date filed 10-11-38

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 *me*

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

Signed *Fred Wilkerson*

Licensed Embalmer No. *2478*

P. O. Address *Clinton Ne*

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.