

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

**FILED JAN 21 1946**

**2881**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Hennepin Registration District No. 137  
 (b) Township Walker Primary Registration District No. 5514  
 (c) City Montrose (d) Street No. \_\_\_\_\_  
 (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.

Registered No. 194

**2. PRINT FULL NAME Chas Herbert Vanvorster**

(a) Residence, No. \_\_\_\_\_ 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**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 8-1876</u>		
7. AGE <u>69</u>	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>Labor</u>	11. Total time (years) spent in this occupation _____
	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) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
FATHER	13. NAME <u>Daniel Vanvorster</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Mary Lindmore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Jess Vanvorster Montrose MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Montrose</u> DATE <u>Dec 11 45</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Welling Bros Montrose MO</u>		
20. FILED <u>12-21-45</u> , 19 <u>R. R. Kerner</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1945

22. I HEREBY CERTIFY, That I attended deceased from 9:00 1945 to Dec 9 1945  
 I last saw him alive on Dec 7 1945 Death is said to have occurred on the date stated above, at 7:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Heart failure  
Starvation  
Cancer of Stomach  
 Other contributory causes of importance ulcer of stomach

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? 46! 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) R. L. G. Goss, M. D.  
 (Address) Explosion City MO

Date of onset

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.

12-45-1356

1-15-46+

**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, .....

*Dec 9 1945*

....., or by .....

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

Signed.....

*Frank Lee*

Licensed Embalmer No.....

*1099*

P. O. Address.....

*Appleton City*

**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.**