

REC'D APR 19 1938

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

10640  
Do not use this space.

1. PLACE OF DEATH  
(a) County Dunklin Registration District No. 284  
(b) Township \_\_\_\_\_ Primary Registration District No. 4193  
(c) City Malden (d) Street No. \_\_\_\_\_ Registered No. 14  
(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 Vera Ellen Van Cleve 524  
(a) Residence, No. Malden Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. H.T. Van Cleve

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1886

7. AGE YEARS 82 MONTHS \_\_\_\_\_ DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Wife  
10. Date deceased last worked at this occupation (month and year) 12/24/37 11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cathlamet Mo Clatsop Co. Ore

FATHER 13. NAME J. H. James  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn

MOTHER 15. MAIDEN NAME Rebecca Waltrip  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_ Maryland

17. INFORMANT (ADDRESS) John Van Cleve Malden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo DATE 3-6- 1938

19. FUNERAL DIRECTOR (ADDRESS) H. L. Corley Malden Mo

20. FILED 3/5 1938 J. E. Mitchell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25th, 1937, to March 3rd, 1938  
I last saw her alive on March 3rd, 1938. Death is said to have occurred on the date stated above, at 9:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Myocardial Insufficiency Date of onset 12/24/37

Other contributory causes of importance: Essential Hypertension Influenza (Dec. 12 1937) 14 yrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) John Van Cleve, M. D.  
(Address) Malden Mo

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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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**