

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

35496

Do not use this space.

1006

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township 1 Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 5925 King Hill 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 MAMIE VERMILLION

(a) Residence, No. 5925 King Hill 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16th. 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 11 16

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

12. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

FATHER 13. NAME John D. Glick

14. BIRTHPLACE (CITY OR TOWN) Craig
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Leslie Glick
 (ADDRESS) 5925 King Hill St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Auburn DATE Oct. 4th 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.
 (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED 10/17 1939 J. Westphal
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2nd. 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1939 to Sept 29 1939
 I last saw her alive on Sept 29 1939. Death is said to have occurred on the date stated above, at 12 Noon
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
arterioscler. gen.
hypertension
 Date of onset 9/25/39

Other contributory causes of importance:
arterioscler. gen.
hypertension

Name of operation None Date of no
 What test confirmed diagnosis None 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 None
 (Signed) J. Westphal
 (Address) 85 1001 Buchanan St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-9-19-38 I X16003

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.

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.....

Ch Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph Ma

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.