

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

39004

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 85  
(b) Township St. Joseph Mo. Primary Registration District No. 1001  
(c) City St. Joseph Mo. (d) Street No. Hospital 2 Registered No. 1133  
(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

(a) Residence, No. 2202 Inwood Ave. N. E. Mo.  Kans City Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
50 11 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Commissioner of Tobacco  
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) Dec 1 - 1888 (STATE OR COUNTRY) Mo

FATHER 13. NAME Wesley Vermillion

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

MOTHER 15. MAIDEN NAME Sarah Young

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

17. INFORMANT State Hospital Records (ADDRESS) St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kans City, Mo DATE Nov 4 1939

19. FUNERAL DIRECTOR (NAME) Mr. G. J. Faulen (ADDRESS) St. Joseph Mo

20. FILED 11/3 1939 H. G. Mitchell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 3 1938 to Nov 2 1939

I last saw deceased alive on Nov 2 1939. Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Pulmonary Tuberculosis Date of onset Indefinite

Other contributory causes of importance: None

Name of operation None Date of

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury Nov 2 1939

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) J. P. Howell, M. D.  
(Address) State Hospital no 2

MARGIN RESERVED FOR BINDING

V. S. NO. 2. 50M-9-19-38 I X16605

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

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.

DEC 11 1939

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John Vermillion  
2202 Inwood Ave. N. E. Mo.

Pulmonary Tuberculosis  
Indefinite

Other contributory causes of importance: None

Name of operation None Date of

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury Nov 2 1939

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) J. P. Howell, M. D.  
(Address) State Hospital no 2

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. Gerald Wade

Signed L. N. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas City, Mo

**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.**