

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 421

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43755

Registrar's No. 89

Primary Registration District No. 4249

1. PLACE OF DEATH:

(a) County Jefferson  
 (b) City or town Festus  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Susan Catherine Vineyard 563

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Peter Vineyard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov., 11., 1854  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 1 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ARKANSAS Arkansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Alexander Dorsey

13. Birthplace Fort Smith Arkansas  
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Graves

15. Birthplace Arkansas  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs E. J. Harris

(b) Address Festus Mo

17. (a) Burial (b) Date thereof 12/28/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Methodist Cemetery

18. (a) Signature of funeral director Quentin Vinard

(b) Address Festus Missouri

19. (a) 12-28-'39 (b) J. E. Rutledge M.D.  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Festus (b) County Jefferson  
 (c) City or town Festus  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 321 N. 4th. St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26  
 year 1939 hour 6 A minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from December 25, 1939, to December 26, 1939  
 that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 24 hrs

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions Myocarditis

Major findings: Of operations \_\_\_\_\_

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature J. E. Rutledge (M. D. or other) \_\_\_\_\_

Address Festus Mo Date signed \_\_\_\_\_

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**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.....

H. S. Vinyard

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*H. S. Vinyard*

Licensed Embalmer No. 3010

P. O. Address Festus 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.**