

FILED APR 4 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11436

State File No. 5

Registration District No. 479

Primary Registration District No. 4785

Registrar's No.

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Knob Noster Mo
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether

In this community 30 years
years, months or days) or 30/11

8. (a) PRINT FULL NAME Harry A. Vest

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mabel Irene 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Feb-24-1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Indianapolis Ind 1.
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Cobbler

11. Industry or business

12. Name Arthur E. Vest, Jr
13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Pogue
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H. A. Vest
(b) Address Knob Noster Mo

17. (a) Burial (b) Date thereof Apr-1-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knob Noster Cem

18. (a) Signature of funeral director J. A. Koch
(b) Address Knob Noster Mo

19. (a) Mich 31-40 (b) J. A. Koch 300
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Knob Noster
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1
1939 to March 30, 1940
that I last saw him alive on March 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Lymphatic Leukemia

Due to 11, 6'

Due to _____
Other conditions Chr. Valvular Disease
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: ✓
Of operations ✓
Of autopsy ✓
Underline the cause to which death should be charged statistically.

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?

(Specify type of place) ✓
While at work? (e) Means of injury.

23. Signature H. W. F. ... (M. D. or other) MD
Address Knob Noster Mo Date signed Apr 1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Dudley R. Saults

Registered Apprentice No. *249*

working under my personal supervision.

Signed.....

C. L. Saults

Licensed Embalmer No. *1086*

P. O. Address *Knob Notch N.H.*

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.