

Registration District No. 266 Primary Registration District No. 5370 Registrar's No. 44

1. PLACE OF DEATH:
(a) County Deer
(b) City or town Salem, Rural Spring Creek
(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 _____ (Specify whether 2)
In this community 14 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) County Deer
(b) City or town Salem, Rural
(c) Street No. _____ (If rural, give location)
(d) If foreign born, how long in U.S.A. ? _____ years.

3. (a) PRINT FULL NAME Bert Vincent 525
3. (c) Social Security No. _____
8. (b) If veteran, name war _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12 year 1940 hour 3 PM minute 30 M.
21. I hereby certify that I attended the deceased from June 6 1940 to June 13 1940 that I last saw him alive on June 10 1940 and that death occurred on the date and hour stated above.
Immediate cause of death Mete Hemorrhage

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 - 26 - 1864
(Month) (Day) (Year)

Due to Hepatitis & Hematuria
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
PHYSICIAN _____
Major findings: Of operations _____
Of autopsy ✓
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
76 2 17 hr. _____ min.
9. Birthplace Cardington Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER { 12. Name Don't Know
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Vincent
(b) Address P.R. 2 Elkhardt rd
17. (a) Burial (b) Date thereof 6-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Boon Mo.
18. (a) Signature of funeral director Hobson & Shantham
(b) Address Salem Mo.
19. (a) June 15 1940 (b) F. E. Suttles MD.
(Date received local registrar) (Registrar's signature)

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?
240 (Specify type of place) While at work _____ (e) Means of injury _____
28. Signature W. L. Dickey (M. D. or other) _____
Address Salem Mo Date signed 6-14-40

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

132

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.....

N D Hobson

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

RECEIVED under my personal supervision.

District Health Officer No. 5,

District File Number 740 729

Date Filed 7/1/40

Signed *N D Hobson*

Licensed Embalmer No. 928

P. O. Address *Salem 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21646

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 266

Primary Registration District No. 5370

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dept.
(b) City or town Spring Creek
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Bert Vincent

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Div

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 17
If less than one year _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

carditis
nephritis (chronic)

Due to _____
Aug - 6 - 1940

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____
PHYSICIAN _____
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? _____

While at work _____ (Specify type of place) _____
Means of injury _____

23. Signature W. G. Dillon (M. D. or other) _____

Address Calum Sp Date signed _____

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

SUPPLEMENTAL

