

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County. LACLEDE
 (b) City or town. LEBANON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
229 SPILLER AVE 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 8 YRS.
 years, months or days

3. (a) PRINT
FULL NAMEMARY ELIZABETH VAN POOL

3. (b) If veteran,

name war _____

3. (c) Social Security

No. none4. Sex F5. Color or
race W6. (a) Single, widowed, married,
divorced. WIDOW

6. (b) Name of husband or wife

JOHN W. VAN POOL6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased

JAN

(Month)

11

(Day)

1863

(Year)

8. AGE:

Years

Months

Days

If less than one day

77517

hr.

min.

9. Birthplace

HARTVILLE

(City, town, or county)

MO

(State or foreign country)

10. Usual occupation

HOUSE WIFE

11. Industry or business

MOTHER FATHER

12. Name JOHN SCOTT

18. Birthplace

TENN

(City, town, or county) (State or foreign country)

14. Maiden name

MARY ELIZABETH KISTIAH ISRAEL

15. Birthplace

MO.

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

John Scott

(b) Address

LEBANON MO17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof

6-30-1940

(Month) (Day) (Year)

(c) Place: burial or cremation

MARSHFIELD MO

18. (a) Signature of funeral director

PALMER'S

(b) Address

LEBANON19. (a) 6-29-40

(Date received local registrar)

J. M. Covert

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
 (c) City or town LEBANON MO
 (If outside city or town limits, write "RURAL")
 (d) Street No. R 3
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 28
 year _____ hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 10, 40
 _____, 19 _____ to June 28, 19 40
 that I last saw her alive on June 27, 19 40
 and that death occurred on the date and hour stated above.

Immediate cause of death

carcinoma esophagus 1 yr.

Duration

Due to _____

Due to 4/10

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature J. A. Hamilton (M. D. or other) _____Address Lebanon, Mo. Date signed 6-29-40

RECEIVED
District Health Officer No. 7,
District File Number 7-40-1014
Date Filed 7-9-40

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. Babner

Licensed Embalmer No. 1161

P. O. Address Sharon 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.