

JAN 8 1949

Registration District No. **410**

Primary Registration District No. **5568**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Rural Sheridan T.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3 miles East 1 mile North of Jasper  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 65 years (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 Miles East 1 Mile North of Jasper  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25  
year 1940 hour 12 minute 10 p.m.

21. I hereby certify that I attended the deceased from Nov. 11, 1939, to Dec. 25, 1940;  
that I last saw him alive on Dec. 25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute dilatation of heart

Due to: Lobar pneumonia 24 hrs.

Due to: 10

Other conditions: Hypertensive cardio-vascular disease - Obesity 8 yrs.

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

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? 855

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

23. Signature Chas. E. Sebell, Jr. (M. D. or other) MD.  
Address Jasper, Mo. Date signed 12/27/40

8. (a) PRINT FULL NAME George Washington Vincent

3. (b) If veteran, name war None 8. (c) Social Security No. None

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased April 27 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 7 28 hr. min.

9. Birthplace Dade Co Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Howell Vincent

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

14. Maiden name Elizabeth Bishop

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

16. (a) Informant L. J. Vincent  
(b) Address Jasper Mo

17. (a) Burial (b) Date thereof Dec 29 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matchel Cem

18. (a) Signature of funeral director Chas. E. Sebell

(b) Address Jasper Mo

19. (a) Dec 28 1940 (b) Clara E. Carns  
(Date received by Registrar) (Registrar's signature)

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

44-1-2

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**