No. 2
—5-43
5-17-39
X86671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6963A

Primary Registration District No. 2000

Registrar's No. 149A

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1323 Concord
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 40 Yrs. In Missouri (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 1323 Concord av
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME: Russell Vandivort

3. (b) If veteran, name war ____

3. (c) Social Security No. 702-03-9754

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lula Vandivort

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

7. Birth date of deceased: July (Month) 13 (Day) 1871 (Year)

8. AGE: Years 69 70 | Months 7 | Days ~~8~~ | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Retired Rail Road Worker

11. Industry or business ____

12. Name: W.B. Vandervort

13. Birthplace (City, town, or county): --- (State or foreign country): Ohio

14. Maiden name: Lucy ~~Inman~~ Webb

15. Birthplace (City, town, or county): Bloomington (State or foreign country): Ill.

16. (a) Informant: Mrs. Lula Vandivort

(b) Address: 1323 Concord, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-22, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Hazelwood.

18. (a) Signature of funeral director: W.L. Dunn

(b) Address: Springfield, Mo.

19. (a) 12-14-46 (Date received local registrar) (b) N.E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 st. year 1941 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Unattended by physician, 19____; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: probably chronic myocarditis	?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 930.	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: N.E. Handley M.D. (M. D. or other) local registrar

Address: Springfield Mo Date signed 12/14/46

111 (Licensed Embalmer's Statement on Reverse Side)

JAN 3 1947

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, fact should be so stated above.

State of Missouri } ss.
County of Greene

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State-File No. 6963 A
Local Registrar's No. 149 A

On this 17th day of February, 1947, before me appears Mrs. Lulu K. Vandivort, who, upon Her oath, states that the original record of ~~birth~~ death for Russell Vandivort ~~born~~ died Feb. 21, 1941, in the State of Missouri, and which was filed at Springfield, Missouri on Dec. 12, 1946, should be corrected as follows:

Item No. 8 should read 69 - 7 - 8
Instead of 70- 7 - 9

Item No. 14 should read Lucinda Ann Coffee
Instead of Lucy Inman

Item No. 15 should read Bloomington, Ill.
Instead of Blank, Ill.

Item No. 16 should read Mrs. Lulu Vandivort
Instead of Mrs. Lula Vandivort

Item No. 3 should read 702-03-9754
Instead of blank

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Lulu K. Vandivort
Relationship wife

1021 Nichols, Springfield Mo.
Present Address

Subscribed and sworn to before me this 17 day of February, 1947.

My Commission expires July 5, 1947 Lulu S. Jernigan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—1-43
I X36687