

FILED APR 21 1941  
83

Registration District No. \_\_\_\_\_

Primary Registration District No. 5124

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Faucett Mo. Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 77 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Faucett Mo. Rural  
(If outside city or town limit, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Robert Lee Vestal

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased May 17 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 10 11 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business None

12. Name Neil Vestal

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

14. Maiden name Elizabeth Mack

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

16. (a) Informant Jane Vestal

(b) Address Faucett Missouri

17. (a) Burial (b) Date thereof 3-30-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turner Cemetery

18. (a) Signature of funeral director William Davis

(b) Address Dearborn, Missouri

19. (a) Apr. 29 - 41 (b) W. H. Hall  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 20  
year 1941 hour 1 minutes 1 M.

21. I hereby certify that I attended the deceased from March 20<sup>th</sup> 1941, to March 29<sup>th</sup> 1941:  
that I last saw him alive on March 28<sup>th</sup> 1941:  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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? 83

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

23. Signature W. H. Hall (M. D. or other) \_\_\_\_\_

Address Dearborn Mo Date signed 3-31-41

Duration

3 days

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11  
0  
0

---

---

**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. 1460

P. O. Address Seaborn 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.