

Registration District No. 407 Primary Registration District No. 5561A Registrar's No.

1. PLACE OF DEATH
(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution
In this community 144 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Jasper
(d) Street No. R # 1 Lakeside
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Nelson Vandiver
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2 year 1941 hour 1:35 minute P M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Mrs. Vandiver
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Aug 14 1876 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 19 1941 to May 2 1941 that I last saw him alive on May 2 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 8 Days 18 If less than one day hr. min.
9. Birthplace Illinois (City, town, or county) (State or foreign country)

Immediate cause of death: Capillary Bronchitis
Complicated by Enlarged Prostate
Bad Hemorrhoids
Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation Farmer
11. Industry or business
12. Name Nelson Vandiver
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Vandiver
15. Birthplace Ohio (City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy
PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Vandiver
(b) Address R # 1 Jasper
17. (a) Burial (b) Date thereof May 4 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville, Tenn.
18. (a) Signature of funeral director
(b) Address
19. (a) May 9-1941 (b) J. W. Clark (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?
23. Signature: B. A. Dumbauld (M. D. or other) (Specify type of place) (e) Means of injury
Address: While at work Date signed 5/13/41

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

41-6-506

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 myself.

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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, fact should be so stated above.