No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED AUG 12 1941

Registration District No. 37

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24423

Primary Registration District No. 5053

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Washburn Twp
(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)

(d) Length of stay: In hospital or institution none / (Specify whether
In this community Most all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 005

(a) State Missouri (b) County Barry 0

(c) City or town Washburn, Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes name country 0

3. (a) PRINT FULL NAME Silvia May Vanderpool

3. (b) If veteran, name war --------V

3. (c) Social Security No. --------

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sam Vanderpool

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec (Month) 8 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	7	6	hr. min.

9. Birthplace Matune (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name C. A. Thompson
13. Birthplace Ill. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Lydia Simmons
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant Sam Vanderpool
(b) Address Washburn, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Truelove

18. (a) Signature of funeral director Horine & Culver
(b) Address Cassville, Missouri

19. (a) 8/6/41 (Date received local registrar) (b) Freida Edens (Registrar's signature)

900

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4th
year 1941 hour 5-15 minute A. M.

21. I hereby certify that I attended the deceased from July 5, 1941, to Aug 4, 1941, that I last saw her alive on Aug 4th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage — Duration

Due to Carcinoma

Due to of stomach —

Other conditions
(Include pregnancy within 3 months of death)

46

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

23. Signature C. R. Brown (M.D. or other) D.O.
Address Seligman Mo. Date signed Aug 5th

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 841 - 1358
Date Filed AUG 11 1941

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 R. London Bennett

Licensed Embalmer No. 4213

P. O. Address Caruville Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.