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FILLED SEP 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28189

State File No. _____

Registration District No. 262

Primary Registration District No. 4161

Registrar's No. _____

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Union Star, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb
(c) City or town Union Star, Mo.
(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 _____

3. (a) PRINT FULL NAME MARY ALICE VANGILDER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Abraham W. Vangilder 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 6, 1850
(Month) (Day) (Year)

8. AGE: Years 91 Months _____ Days 21 If less than one day hr. _____ min. _____

9. Birthplace Sinking Springs, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Jenkins
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Hensley
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Vangilder
(b) Address Union Star, Mo.

17. (a) _____ (b) Date thereof Aug. 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star, Mo.

18. (a) Signature of funeral director Lucile M. Wilson
(b) Address King City, Mo.

19. (a) 8-27-41 (b) W. H. Reynolds
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1941 hour 7 minute _____ M.

21. I hereby certify that I attended the deceased from June 1941 to Aug 27 1941; that I last saw her alive on Aug 26 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury V
23. Signature E. M. Reynolds (M. D. or other) _____
Address Union Star, Mo. Date signed 8-29-41

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

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 *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City, Mo*

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

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