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4-41
7-39
X25390

FILED SEP 11 1941

Registration District No. 02

Primary Registration District No. 5401

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell, Mo (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wm Thompson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1941 hour 8:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME James Riley Vincent

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Laura Vincent 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased June 12 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Campbell, Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Farming

11. Industry or business Farming

12. Name Jake Vincent

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

14. Maiden name Edwards

15. Birthplace Campbell, Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Vernie Vincent

(b) Address Campbell, Mo

17. (a) Burial (b) Date thereof Aug 4 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vincent Cemetery

18. (a) Signature of funeral director Landess Funeral Home

(b) Address Campbell, Mo

19. (a) Aug - 5 - 41 (b) E. H. Landess
(Date received local registrar) (Registrar's signature)

Immediate cause of death Stenosed Mitral Valve Duration _____
Due to _____
Due to 92B
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? _____

(Specify type of place) _____
(e) Means of injury _____

23. Signature John L Brown (M. D. or other) _____
Address Campbell Date signed Sept 11

256 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

035
0
0

RECEIVED

District Health Office No. 2,

District File Number 947-122

Date Filed 7/2/47

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 the above constitutes grounds for revocation of license.)

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