

CHICAGO OCT 23 1941
Registration District No. **3 1041**

Primary Registration District No. **5458**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Grundy**
(b) City or town **Rural Washington township**
(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 **86-9-11** years, months or days (Specify whether)

3. (a) PRINT FULL NAME **John Marion Vanderford**

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 **Widowed**

6. (b) Name of husband or wife **Mary Elizabeth Vanderford** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 23 1854** (Month) (Day) (Year)

8. AGE: Years **86** Months **9** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **Murcer Co. MO.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Eli Vanderford**

13. Birthplace **Ohio** (City, town, or county) (State or foreign country)

14. Maiden name **Christiana Flee**

15. Birthplace **Ohio** (City, town, or county) (State or foreign country)

16. (a) Informant **Eli Vanderford**

(b) Address **Spickard MO.**

17. (a) **Burial** (b) Date thereof **Sept 27 1941** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Masonic Cem.**

18. (a) Signature of funeral director **Chas. E. Schooler**

(b) Address **Spickard MO.**

19. (a) **Sept 27 1941** (b) **Mrs Wilbur Vaughn** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Grundy** **040**

(c) City or town **Rural** (If outside city or town limits, write "RURAL") **0**

(d) Street No. **Washington Township** (If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **24** year **1941** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Sept 15 1941** to **Sept 27 1941** that I last saw him alive on **Sept 23 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach** Duration **6 mo.**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **Hb f**

Major findings: Of operations _____

Of autopsy **no**

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 _____

23. Signature **C. E. Me Cleary** (M. D. or other) **0740**

Address **Spickard MO.** Date signed **Sept 26 1941**

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

040
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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 Rosario

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

Signed Rosario

Licensed Embalmer No. 3771

P. O. Address Spickard 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.