

DEC 23 1941

Registration District No. 229

Primary Registration District No. 4139

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Bourbon, 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 _____
In this community 1 Mo. 21 Days. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jerald Francis Ven-Rooy

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sep. 12, 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name William Francis Ven-Rooy

13. Birthplace Colby Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Mary Margaret Miller

15. Birthplace Dorchester Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant William Ven-Rooy
(b) Address Bourbon, Mo.

17. (a) Removal & Burial (b) Date thereof Nov. 4, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dorchester, Wis.

18. (a) Signature of funeral director Linstromberg funeral Home
(b) Address Bourbon, Missouri.

19. (a) Nov. 8, 1941 (b) C.W. Adams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Bourbon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1941 hour 1 minute _____ P.M.

21. I hereby certify that I attended the deceased from 11-1-, 1941, to 11-2-, 1941; that I last saw her alive on 11-1-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death acute enteritis

Due to _____

Due to _____

Other conditions age
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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.O. Proctor (M. D. or other) _____
Address Bourbon, Mo. Date signed 11-3-41

Duration

2 1/2
2 1/2

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number. 12412089

Date Filed -----

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.....

Edgar W. Laffoon

Licensed Embalmer No.....

3394

P. O. Address.....

Sullivan, M

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.