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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38837

State File No.

DEC 18 1941 553

Registration District No. 553

Primary Registration District No. 5746

Registrar's No. 19

1. PLACE OF DEATH:

(a) County: Mercer County *MANICORATE*
(b) City or town: Mercer, Mo. *Rural*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution: No
(Specify whether)
In this community: all his life
(years, months or days)

3. (a) PRINT FULL NAME: Frank Vinzant

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

4. Sex: male *U* 5. Color or race: white 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Flossy Vinzant 6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: July 4, 1881 (Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 16 If less than one day hr. min.

9. Birthplace: Mercer Co. Mo. *o* (City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business:

12. Name: Henry Vinzant

13. Birthplace: Indiana *1* (City, town, or county) (State or foreign country)

14. Maiden name: *Argo*

15. Birthplace: Mercer, Mo. *o* (City, town, or county) (State or foreign country)

16. (a) Informant: Flossy Vinzant

(b) Address: Mercer, Mo.

17. (a) Burial (b) Date thereof: Nov. 22, 1941 (Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation: South Lineville *mo*

18. (a) Signature of funeral director: *Nail Meas*

(b) Address: *Princeton Mo.*

19. (a) Nov 24 1941 (Date received local registrar) (b) S. P. Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Mercer *65*
(c) City or town: Rural *o*
(If outside city or town limits, write "RURAL")
(d) Street No: P. O. *o*
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *o*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 20 year: 1941 hour: 5 p.m. minute: M.

21. I hereby certify that I attended the deceased from July 1st 1937 to Nov. 20 1941
that I last saw him alive on Nov. 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: lobes pneumonia *3 day*

Due to: malignant Hypertension *20%*

Due to:

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

Major findings: Of operations: *108*

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: *1*

23. Signature: Dr. H. A. Martin (M.D. or other) D.O.

Address: Mercer Mo Date signed: Nov 21 1941

492 (Licensed Embalmer's Statement on Reverse Side)

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

Signed Nae Nass
Licensed Embalmer No. 2634
P. O. Address Camden, Me

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, fact should be so stated above.