

No. 2  
1-4-41  
1-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42984

State File No. \_\_\_\_\_

FILED JAN 20 1942  
784

Registration District No. \_\_\_\_\_

Primary Registration District No. 200

Registrar's No. 56

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans' Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Admitted 12/31/41  
(Specify whether:  
In this community Since 12/31/41  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50  
(a) State Missouri (b) County 3  
(c) City or town Festus  
(If outside city or town limits, write "RURAL")  
(d) Street No. 423 South Adams Street  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME Wade Vannerson  
(b) If veteran, name war WORLD  
(c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 6  
year 1942 hour 9:55 minute A. M.

4. Sex Male 2  
5. Color or race Colored 2  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife -  
(c) Age of husband or wife if alive - years

21. I hereby certify that I attended the deceased from December 31, 1941, to January 6, 1942; that I last saw him alive on January 6, 1942; and that death occurred on the date and hour stated above.

7. Birth date of deceased: August 23 1888  
(Month) (Day) (Year)

Immediate cause of death: Hypertensive and coronary arteriosclerotic heart disease, myocardial damage and myocardial insufficiency.

8. AGE: Years 53 Months 4 Days 13 If less than one day - hr. - min.

Due to Nephritis, chronic, with uremia and edema.

9. Birthplace McMinnville, Tennessee  
(City, town, or county) (State or foreign country)

Other conditions: 13/a  
(Include pregnancy within 3 months of death)

10. Usual occupation Janitor

Major findings: -  
Of operations -

11. Industry or business -

Of autopsy No autopsy

12. Name Millard Vannerson  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Ramsey  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schullig  
(b) Address Clinical Clerk, VAF, Jeff. Brks., Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 1-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director W. Bennett  
(b) Address 2600 S. 1st St. Festus, Mo.

19. (a) JAN 10 1942 (b) L. M. Sochran  
(Date received local registrar) (Registrar's signature)

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) Means of injury -

23. Signature L. M. SOCHRAN, M.D. (M. D. or other) -

Address Chief Medical Officer Date signed -

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

MOTHER FATHER

**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

*Amelia A. [Signature]*

Licensed Embalmer No. *3522*

P. O. Address *4107 Finney Ave, Abbeville, SC*

**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.**