S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1834

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 36

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community Life

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

3. (a) PRINT FULL NAME Floyd Vancil
3. (b) If veteran, name war
3. (c) Social Security No. 486-18-0060
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Vancil
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Aug. (Month) 22 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
50	5	12	hr. min.

9. Birthplace Dunklin Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Cotton Buyer
11. Industry or business Cotton
FATHER
12. Name Chas. Vancil
13. Birthplace (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Mary Hilt
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Berths Vancil
(b) Address Qulin, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Stephens Chapel
18. (a) Signature of funeral director Greer Croy Service
(b) Address Poplar Bluff, Missouri
19. (a) 2-5-42 (Date received local registrar) (b) Belle Kinnie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1942 hour 4 minute 20 A. M.
21. I hereby certify that I attended the deceased from Feb 3rd, 1942 to Feb 4, 1942 that I last saw him alive on Feb. 4th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	Acute
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations
Of autopsy None

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) No
(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)
While at work? (e) Means of injury

23. Signature J. W. Hornecters (M. D. or other) M. D.
Address Poplar Bluff, Mo. Date signed 2/5/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 242-209
Date Filed 2-11-42

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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, fact should be so stated above.