

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

APR 14 1943
Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 384

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: Missouri Methodist Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Mansville

(d) Street No. N. E. 1 1/2 Miles Rural
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ralph Samuel Vanfossan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 43 hour 3 minute 15 p. M.

21. I hereby certify that I attended the deceased from May 22 1943 to May 28 1943
that I last saw him alive on May 28 1943
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Jessie Ann Vanfossan 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased: 7/5 1 1895
(Month) (Day) (Year)

Immediate cause of death: Peritonitis general following Colic Reaction
Due to Cancer of Rectum
Due to H6d
Other conditions: Cancer Rectum
(Include pregnancy within 3 months of death)

8. AGE: Years 47 Months 4 Days 27 hr. min.

9. Birthplace: Bolivar Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations: Cancer Rectum
Of autopsy: No

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business _____

12. Name Samuel A Vanfossan

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

14. Maiden name Louisa Schildknecht

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

16. (a) Informant: Hermit Vanfossan
(b) Address: Brookfield Mo.

17. (a) Burial (b) Date thereof: 3-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Bolivar

18. (a) Signature of funeral director: Campbell Funeral Home
(b) Address: 957 South Main Mansville Mo.

19. (a) 3-31-43 (b) Roe Heigoy
(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)

(c) Means of injury _____

23. Signature: H. S. Conrad (M. D. or other) _____
Address: St. Joseph Mo. Date signed: 3-30-43

Campbell (Funeral) Home
951 S main
Maryville Mo.

MAY 10 1948

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..... *William Campbell*

Licensed Embalmer No. *2650*

P. O. Address..... *Maryville 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.