

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11087**
Registrar's No. **92**

Registration District No. **101374**

Primary Registration District No. **3052**

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

1. PLACE OF DEATH:
(a) County **PETTIS**
(b) City or town **SEDALIA MO**
(c) Name of hospital or institution:
312 E 16th
(d) Length of stay: In hospital or institution **4 DAYS**
In this community **4 DAYS**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **GRUNPY**
(c) City or town **TREXTON**
(d) Street No. **206 ORCHARD**
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME **ALEX VANDERPOOL**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WID**

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

7. Birth date of deceased **FEB 4 - 1872**

8. AGE: Years **71** Months **1** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **MERCER CO. MO**

10. Usual occupation **NONE**

11. Industry or business _____

12. Name **JAMES VANDERPOOL**

13. Birthplace **ILL.**

14. Maiden name **BRAHMAN**

15. Birthplace **Unknown**

16. (a) Informant **NOBLE VANDERPOOL**

(b) Address **SEDALIA MO**

17. (a) **REMOVAL** (b) Date thereof **3/15-43**

(c) Place: burial or cremation **TRENTON MO.**

18. (a) Signature of funeral director **James Berger**

(b) Address **Trenton, MO**

19. (a) **3-15-43** (b) **James Berger**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **15th** year **1943** hour **1:30** minute **A.**

21. I hereby certify that I attended the deceased from **Mar 14** 1943 to **Mar 15** 1943 that I last saw him alive on **Mar 15th** 1943 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **hypertension & heart involvement**

Due to **chronic debility**

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

Major findings: Of operations **83a**

Of autopsy _____

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **W. Campbell** (M. D. or other) _____

Address **Sedalia Mo.** Date signed **3-15-43**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-8-43

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

Myself

Registered Apprentice No.

working under my personal supervision.

Signed

Raymond A. Davis

Licensed Embalmer No.

3424

P. O. Address

Meriden, 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.