

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 69

1. PLACE OF DEATH

(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1806 1/2 Balser St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Trenton (If outside city or town limits, write "RURAL")
(d) Street No. 1524 S. Indal Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME BENJAMIN P. 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, Married
6. (b) Name of husband or wife Katherine Ann 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Oct 29 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 11 If less than one day - hr. - min.

9. Birthplace Merced County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farm

12. Name Moses Vanderpool

13. Birthplace Ra Camp Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Frances Smith

15. Birthplace Ra Camp Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jasper M. Vanderpool

(b) Address Trenton Missouri

17. (a) Burial (b) Date thereof 5
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany, Missouri, Pullman Cem.

18. (a) Signature of funeral director Daniel J. Roberts

(b) Address Trenton Mo.

19. (a) May 12, 1943 (b) L. S. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1943 hour 2:30 minute P M.
21. I hereby certify that I attended the deceased from May 10th
1943 to May 10th 1943
that I last saw him alive on May 10th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis 15 days
Chronic myocarditis 2 years

Due to Chronic myocarditis 2 years

Due to 938

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations 938

Of autopsy 938

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 Cliff F. Duff (M. D. or other) MD

Address Trenton Mo. Date signed May 10th 1943

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
Jenkins, 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.