

ED AUG 6 1943
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Jackson City, Mo**
(c) Name of hospital or institution: **Research Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 days**
In this community **20 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Rau**
(c) City or town **Arrick, Mo**
(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 **LOUIS ASHBURY VANDIVER**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Martha H. Blyth** 6. (c) Age of husband or wife if alive **77-7-16 years**
7. Birth date of deceased **Nov 8 1864**
(Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **16** If less than one day hr. min.

9. Birthplace **New Mo. City, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **merchant**

11. Industry or business **Dry Goods & Groc.**

MOTHER FATHER

12. Name **Louis Van Diver**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah E. Stanley**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mary Schetz**
(b) Address **Arrick, Mo**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **7-24-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **South Point Cem.**

18. (a) Signature of funeral director **Gibson Funeral Home**
(b) Address **Arrick, Mo**

19. (a) **7-24-43** (b) **P. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**
year **1943** hour **3** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **July 4** 19**43** **July 24** 19**43**
that I last saw him alive on **July 24** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis**
Uremia -
Due to **Complete pyloric**
obstruction due to
ulcer

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations **117a 2**
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? _____ (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) (e) Means of injury _____
23. Signature **Paul F. Hunt** (M. D.)
Address **1032 N. 13th** Date signed **7-24-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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



Licensed Embalmer No. 4137

P. O. Address 71 Cherry St. P. 70

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.