

AUG 3 1943

State File No. _____

Registration District No. 277

Primary Registration District No. 5935

Registrar's No. 235

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Rural
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 miles South West
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Dale Lee Vanney
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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 25 1941
(Month) (Day) (Year)

8. AGE: Years 1 Months 8 Days 01 If less than one day hr. _____ min. _____
9. Birthplace Green Ridge Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation Child

MOTHER { 11. Industry or business _____
FATHER { 12. Name Everett Vanney
13. Birthplace Tazewell Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Estelle Griffin
15. Birthplace Green Ridge Tenn
(City, town, or county) (State or foreign country)
16. (a) Informant's own signature Everett Vanney
(b) Address Green Ridge Mo
17. (a) Burial (b) Date thereof July 27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Ridge Mo
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) July 27 1943 (b) Clara Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1943 hour 6 minute 09 P. M.

21. I hereby certify that I attended the deceased from July 25 1943, to July 25 1943 that I last saw him alive on July 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Accidental drowning in a water tank
Duration

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
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) 1080
(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 A. A. Hite (M. D. or other) MD
Address Green Ridge Mo Date signed 7/27/43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-6-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

L. L. Bann

Licensed Embalmer No.....

1881

P. O. Address.....

Green Ridge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

Registration District No. 274

Primary Registration District No. 5925

Registrar's No. 235

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Green Ridge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)
3. (a) PRINT FULL NAME Dale Lee Vannoy
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 25 (Month) (Day) (Year)

8. AGE: Years 1 Months _____ Days _____ If less than one day, _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Year 1943 Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death accidental drowning in a water tank Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence July 25 1943

(c) Where did injury occur? Green Ridge Pettis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home, on farm (Specify type of place)

While at work? at play (e) Means of injury water tank

23. Signature H. A. Hite (M. D. or other) M.D.
Address Green Ridge Mo Date signed 8/12/43

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

SUPPLEMENTAL

MOTHER FATHER

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

S-25752