

**FILED FEB 9 1944**

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Callaway County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Six Weeks  
(Specify whether  
In this community Lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Rural R.F.D. #1, Fulton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 Mile N. E. Of Fulton  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME IRVIN COTTON VIVION

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 30 1879  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Boone County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Irvin C. Vivion

13. Birthplace Boone County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wallace

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

16. (a) Informant Mrs. V. L. Brown

(b) Address 204 W. Sixth, Fulton, Mo.

17. (a) Burial (b) Date thereof 1/14/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millersburg, Mo.

18. (a) Signature of funeral director Leo G. Wallace  
(b) Address Fulton, Missouri.

19. (a) 1-14-1944 (b) Joan Mosekoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12th  
year 1944 hour 9 minute 55 A. M.

21. I hereby certify that I attended the deceased from 1/11 1943 to 1/12 1944  
that I last saw him alive on 1/12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate with extensive metastases  
Duration several years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 51 lb

Major findings: Of operations none

Of autopsy none

PHYSICIAN

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) \_\_\_\_\_

(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 Henry Dist (M. D. or other) M.D.

Address Fulton, Mo. Date signed 1/13/44

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

14  
1  
2

14  
0  
0

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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..... *4168*

P. O. Address..... *Fulton, 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.**