

FILED FEB 14 1944

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 191

1. PLACE OF DEATH:

(a) County: Grundy
 (b) City or town: Irvington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
511 East 9th Street
 (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 lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Grundy 40
 (c) City or town: Irvington 2
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 511 East 9th St
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME

FRANK VENCILL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: M 5. Color or Race: Wh 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: July 23-1975
 (Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace: Liberty township Grundy Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation: Liberty Banker & Farmer

11. Industry or business: Banking & Farming

MOTHER FATHER { 12. Name: H. H. Vencill
 13. Birthplace: Mo. (City, town, or county) (State or foreign country)
 14. Maiden name: Sarah Winters
 15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Corwin Vencill
 (b) Address: El Centro, Calif.

17. (a) Burial (b) Date thereof: Dec 29-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Martin Cemetery

18. (a) Signature of funeral director: Dr. James T. Son
 (b) Address: Salt Mtn

19. (a) 1-4-44 (b) L. J. Roberts
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
 year 1943 hour 2 minute 50 P. M.
 21. I hereby certify that I attended the deceased from Dec 1, 1943, to Dec 25, 1943
 that I last saw him alive on Dec 25, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
 Duration: 1 1/2
 Due to: Hypertension +
mitral regurgitation
 Due to: _____

Other conditions: _____ (Include pregnancy within 3 months of death)
 Major findings: 92 f
 Of operations: _____
 Of autopsy: _____
 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) (c) Means of injury _____
 23. Signature: E. J. Martin (M. D. or other)
 Address: Irvington Mo. Date signed: 12-27-43

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.....

John M. Robertson, Lunda Mo, Registered Apprentice No. *355*
working under my personal supervision.

Signed..... *P. Payne*

Licensed Embalmer No. *2257*

P. O. Address..... *Galt 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.