

No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4191
Registrar's No. 143

Registration District No. 316

Primary Registration District No. 3059

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 5 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 114 Shepherd
(If rural, give location)
(e) Citizen of foreign country? 720 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LON PINKLEY VANDIVER
(b) If veteran, name war V
(c) Social Security No. 702-16-6470

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month January day 24th
year 1944 hour 4 minute 40^A
21. I hereby certify that I attended the deceased from 12-21, 1943 to 1-24, 1944
that I last saw him alive on 1-23, 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife BETHEL VANDIVER 6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT 22 1895
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 2 days
Generalized Peritonitis 2 days
Due to Ruptured Peptic Ulcer 2 days
(Sepsyloia)
Due to 117a
Other conditions (Include pregnancy within 3 months of death) 117a

8. AGE: Years 58 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Mo. Ill. Railroad

MOTHER FATHER
12. Name James Vandiver
13. Birthplace Franklin
(City, town, or county) (State or foreign country)
14. Maiden name Esther Hansen
15. Birthplace Rolla Missouri
(City, town, or county) (State or foreign country)

Major findings: Generalized Peritonitis
Ruptured Peptic Ulcer
Of operations 117a
Of autopsy

16. (a) Informant Mrs. Lou P. Vandiver
(b) Address 114 Shepherd Bonne Terre Mo

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?

17. (a) Burial (b) Date thereof Jan. 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park View Cemetery
18. (a) Signature of funeral director Berkman Mbk Co.
(b) Address 313 Berkman Bonne Terre Mo
19. (a) JAN. 25, 1944 (b) Byrdie Duhrmeyer
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury?
Signature J. Weiber M.D.
Address Bonne Terre, Mo Date signed 1-25-44

RECEIVED

FEB 9 1948

District Health Officer No. 4

District File Number 244-3279

Date Filed 2-5-44

NOV 14 1948

NOV 15 1948

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 *C. J. Claywell*

Licensed Embalmer No. 3706

P. O. Address *Bonne Terre 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.