

FILED APR 12 1944

Registration District No. 270

Primary Registration District No. 4322

Registrar's No. 22

1. PLACE OF DEATH: **Mercer County**
 (a) County **Princeton, Mo.**
 (b) City or town **Princeton, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Artell Hospital**
 (If not in hospital or institution, street number or location)
 (d) Length of stay: In hospital or institution **1 week**
 (Specify whether
 In this community **all his life**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Mercer**
 (c) City or town **Rural**
 (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 **Solomon VanVacter**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Mar.** 1 day
 year **1944** hour **8:38** minute **P.** M.
 21. I hereby certify that I attended the deceased from **Feb 24**
 19 **44** to **3-1** 19 **44**

4. Sex **Male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced, **married**
 6. (b) Name of husband or wife **Mae VanVacter**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **June 4 1863**
 (Month) (Day) (Year)

that I last saw him alive on **3-1-44**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **cerebral hemorrhage**
 Duration **2 wk**

8. AGE: Years Months Days If less than one day
81 **8** **27** _____ hr. _____ min.

Due to **hyper tension**
 Due to **albuminaria**

9. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **farmer**

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: **Ja!**
 Of operations _____
 Of autopsy _____

MOTHER FATHER { 11. Industry or business _____
 12. Name **David VanVacter**
 13. Birthplace **unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Sarah Sparks**
 15. Birthplace **unknown**
 (City, town, or county) (State or foreign country)

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?
 _____ (Specify type of place)
 While at work? _____ (a) Means of injury _____

16. (a) Informant **Ethel Rankin**
 (b) Address **Princeton, Mo**
 17. (a) **Burial** (b) Date thereof **Mar 3 1944**
 (City, town, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Paul**
 18. (a) Signature of funeral director **Arthur J. Sumater**
 (b) Address **Princeton, Mo**
 19. (a) **3-3-44** (b) **Van Martin**
 (Date received local registrar) (Registrar's signature)

23. Signature **Byron J. Ostell** (M. D. or other) **D.O.**
 Address **Princeton, MO.** Date signed **3-2-**

1367

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Harold Mason

Licensed Embalmer No. 2624

P. O. Address Princeton, N.J.

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.