

Registration District No. **46**

Primary Registration District No. **4065**

1. PLACE OF DEATH:

(a) County **Caldwell**
(b) City or town **Polo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **all her life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Caldwell**
(c) City or town **Polo** (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 _____

3. (a) PRINT FULL NAME

Melissa Ann Vantrump

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female**

5. Color or race **wh**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **A. V. Vantrump**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct 12 - 1863**

(Month) (Day) (Year)

8. AGE:

Years **81** Months **3** Days **29**
If less than one day hr. min.

9. Birthplace **Ray Co. MO**

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Joseph Vantrump**

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

14. Maiden name **Susan Jeffly** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Lina Vantrump**

(b) Address **Polo MO**

17. (a) **Burial** (b) Date thereof **2-14-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Slipup, Camb. Ray Co.**

18. (a) Signature of funeral director **Alspawt Corley**

(b) Address **Polo MO**

19. (a) **Feb 15 45** (b) **Cookius Farrell**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **11**
year **1945** hour **4** minute **P** M.

21. I hereby certify that I attended the deceased from **Jan 19**
1935 to **Feb 11**, 19**45**
that I last saw her alive on **Feb 11**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Gastric Hemorrhages** Duration **2 days**
Due to **Carcinoma of Stomach ?**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **468**
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? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature **CHW Nelson** (M. D. or other) **0**
Address **Polo MO** Date signed **2-12-45**

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

3000

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.....

P. O. Address.....

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.

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(a) County Caldwell
(b) City or town Pola
(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

3. (a) PRINT FULL NAME Melissa A. Vartump
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 12 1946
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days _____ (less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 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) Feb 15 45 (b) Corinne Jarrett
(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 Feb year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

9263