S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 13474

Registrar's No. 288

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks (Specify whether
In this community 7 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Willow Springs
(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 VAUSE EDWARD WILLIAMS

3. (b) If veteran, name war No

3. (c) Social Security No. unk.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased November (Month) 18, (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	4	18	hr. min.

9. Birthplace Olive Co. (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Franchise Salesman

11. Industry or business Candy

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) unk. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) unk. (State or foreign country)

16. (a) Informant Mrs. Dorothy Mason

(b) Address 830 S. Grant, Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn cemetery

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 Boonville Ave., Spfd., Mo.

19. (a) 4-7-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8, year 1945 hour 4: minute 00 A. M.

21. I hereby certify that I attended the deceased from 2-9, 1945 to 4-6, 1945 that I last saw him alive on 4-5, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Poplitty	8 wks
Due to Cerebral Thrombosis	8 wks
Due to Arteriosclerosis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. E. [illegible] (M. D. or other)

Address Springfield, Mo. Date signed 4/7/45

(Licensed Embalmer's Statement on Reverse Side)

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 Fred C. Phieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.