

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**16229**

Do not use this space.

**FILED JUN 11 1945**

**1. PLACE OF DEATH**

(a) County Barry Registration District No. 11  
 (b) Township Washburn Primary Registration District No. 5044 Registered No. 25  
 (c) City Washburn or \_\_\_\_\_  
 (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

Billy Edward Vanderpool  
 (a) Residence, No. Washburn Missouri St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1945  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Washburn (STATE OR COUNTRY) Barry Co. Mo.

FATHER 13. NAME Jeff. Charles Vanderpool  
 14. BIRTHPLACE (CITY OR TOWN) Barry Co. (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lavilladorine Redmon  
 16. BIRTHPLACE (CITY OR TOWN) Gasfield Co (STATE OR COUNTRY) Oklahoma

17. INFORMANT Jeff. C. Vanderpool (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE True Love Cemetery DATE May 11 1945

19. FUNERAL DIRECTOR (NAME) J. Vanderpool (ADDRESS) Washburn Mo

20. FILED May 14 1945 Grace Williams Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1945

22. I HEREBY CERTIFY, That I attended deceased from May 9 1945, to May 11 1945  
 I last saw h. t. m. alive on May 11 1945. Death is said to have occurred on the date stated above, at 11:45 p.m.  
 The principal cause of death and related causes of importance were as follows:

Convulsions

159

Other contributory causes of importance: premature birth 8 month - baby

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. Chas. R. Brown (Address) Seligman Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-39 I X16025

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**RECEIVED**

District Health Officer No. 6,  
District File Number 645-692

Date Filed

JUN 8 1948

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**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, above space should be left blank.**