

**FILED** MAR 1 1946

Registration District No. **226**

Primary Registration District No. **4-336-3799**

Registrar's No. **L**

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

**1. PLACE OF DEATH:**

(a) County **Marion**

(b) City or town **Halesway R.R. Marion**  
(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 **lifetime**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **County 69**

(c) City or town **Halesway R.R**  
(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** **Marion Vincent**

**3. (b) If veteran,** name war **no**

**3. (c) Social Security** No. **unknown**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **19**  
year **1946** hour **11** minute **15 A.M.**

**21. I hereby certify that I attended the deceased from** **7-10-1942** to **1-19-1946**  
that I last saw him alive on **12-31-1944**  
and that death occurred on the date and hour stated above.

**4. Sex** **male** **5. Color or race** **white**

**6. (a) Single, widowed, married, divorced** **3 divorced**

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased:** **June 20 1876**  
(Month) (Day) (Year)

Immediate cause of death  
**Chronic myocarditis with acute myocardial failure**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<b>69</b>	<b>11</b>	<b>29</b>	hr. _____ min. _____

**9. Birthplace:** **Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Carpenter**

**11. Industry or business** **Carpentering**

**12. Name** **James B. Vincent**

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

**14. Maiden name** **Eden Butler**

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **43d**

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Walyn Woods**

(b) Address **Halesway Mo R.R**

**17. (a) Burial, cremation, or removal** **burial** (b) Date thereof **1-22-46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove**

**18. (a) Signature of funeral director** **Fred Thompson**

(b) Address **Madison Mo**

**19. (a) 1/22/46** (b) **Oliver Little**  
(Date received local registrar) (Registrar's signature)

**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 **D**

**23. Signature** **F. A. Barnett** (M. D. or other) **MD**  
Address **Paris, Mo** Date signed **1-24-46**

RECEIVED

District Health Officer No. 10

District File Number 2-46-319

Date Filed FEB 28 1946

**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

*Mrs. L. A. Thompson*

Licensed Embalmer No.

3282

P. O. Address

*Madison, 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.**