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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10588

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 106

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

9500

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 4 mos. 19 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger 94

(c) City or town Lutesville RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LOUIS VanGennip

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) 1880 (Year)

8. AGE: Years About 66 | Months | Days | If less than one day hr. min.

9. Birthplace Leopold (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Robert VanGennip
13. Birthplace (City, town, or county) Holland 4 (State or foreign country)

MOTHER
14. Maiden name Rosie Sheveneau
15. Birthplace (City, town, or county) Holland 4 (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation Leopold, Missouri

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Missouri

19. (a) 3/26/46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1946 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 31, 1942, 19, to March 20, 1946, 19; that I last saw him alive on March 20, 1946, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis - Generalized and Marked	
Due to	
Due to	
Other conditions Dementia Paracox (Include pregnancy within 3 months of death)	40 yrs

Major findings:
Of operations
Of autopsy No autopsy. 97

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 Emmett F. Hoctn (M. D. or other)

Address Farmington - Mo Date signed 3/20/46

289 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 446-1998
Date Filed 4-10-46

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 A. J. Baker
Licensed Embalmer No. 9373
P. O. Address Sutherlin Ore.

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.