

FILED APR 15 1946

State File No. 11872

Registration District No. 224

Primary Registration District No. 3072

Registrar's No. 79

1. PLACE OF DEATH:  
 (a) County Saline  
 (b) City or town Marshall  
 (c) Name of hospital or institution: Fitzgibbons Hospital  
 (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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Saline  
 (c) City or town Marshall, Mo. Route #1.  
 (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 Lyle Leroy Vesser

MEDICAL CERTIFICATION

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

20. DATE OF DEATH: Month March day 13  
 year 46 hour 11 minute 0 M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from March 12 1946 to March 11 1946  
 that I last saw h. alive on March 13 1946  
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 12th, 1946  
 (Month) (Day) (Year)

Immediate cause of death Birth Injury - due to Difficult Labor 1 day  
 Due to Cerebral Hemorrhage  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days I If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name William Vesser

13. Birthplace Saline county, Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Nickols

15. Birthplace Saline county Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr Vesser  
 (b) Address Marshall, Mo. Route # 1.

17. (a) Burial (b) Date there March 15, 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Memorial Gardens

18. (a) Signature of funeral director Charles R. Ramey  
 (b) Address Marshall, Missouri

19. (a) 3-15-46 (b) T. O. Westhook  
 (Data received local registrar) (Registrar's signature)

Major findings: Of operations 160c  
 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 0  
 23. Signature [Signature] (M. D. or D. O.)  
 Address [Address] Date signed 3/19/46

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

RECEIVED

District Health Officer No. 3, 4

District \_\_\_\_\_

Date Filed 4-13-46

*Handwritten notes:*  
9  
01  
J. J. Jones  
" " " "  
" " " "  
" " " "  
" " " "  
" " " "  
" " " "  
" " " "  
" " " "  
" " " "

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.

*This body was not embalmed.*

Signed *R. W. Campbell Jr.*

Licensed Embalmer No. *3469*

P. O. Address *Marshall*

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.