

FILED APR 21 1946 **STANDARD CERTIFICATE OF DEATH**
Registration District No. 351 Primary Registration District No. 186

1. PLACE OF DEATH:

(a) County Laney

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

(c) Name of hospital or institution:
Home - 1 Rural.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home.
(Specify whether)

In this community 30 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Laney 106

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

(d) Street No. Laneyville MO
(If rural, give location)

(e) Citizen of foreign country? U.S.A. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Claude St. John Vandevanter

3. (b) If veteran, name war no

3. (c) Social Security No. 500-058448

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 46 hour 2 minute 0 P.M.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Della Vandevanter

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Aug 11 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1st 1946 to March 23 1946
that I last saw him alive on March 23rd 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months _____ Days _____ If less than one day
hr. _____ min. _____

Immediate cause of death Jaundice, Hepatitis

Due to Malignant Hypertension

Due to Arteriosclerosis

9. Birthplace Garrison MO
(City, town, or county) (State or foreign country)

Other conditions Cerebral Hypertrophy

(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis

Of operations _____

Of autopsy 132:1

10. Usual occupation Farmer

11. Industry or business _____

12. Name Dr. D. O. Vandevanter

13. Birthplace unknown IL
(City, town, or county) (State or foreign country)

14. Maiden name Annie Cummings

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Della Vandevanter

(b) Address Laneyville MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 24 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Laneyville MO

18. (a) Signature of funeral director Harry F. Smith

(b) Address Laneyville MO

19. (a) March 24 1946 (Date received local registrar) (b) Mrs. Eva Allamon (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 _____

23. Signature [Signature] (M. D. or other) _____

Address Laneyville MO Date March 23 1946

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

MOTHER FATHER

16
0
0

10000

RECEIVED

District Health Officer No. 6;

District File Number 346-414

Date Filed MAR 29 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.....

Not Embalmed

....., 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, fact should be so stated above.