

5-43
5-17-39
X38671

State File No.

FILED JUL 8 1946

Registration District No. 11

Primary Registration District No. 5401

Registrar's No.

1. PLACE OF DEATH:

(a) County Douglas County

(b) City or town Varzant
(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 Missouri (b) County Douglas

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME John Smith

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

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) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31
year 1946 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1, 1945
to May 31, 1946
that I last saw him alive on May 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac dilatation and failure Duration 5 mo

8. AGE: Years / Month / Day / If less than one day

45 hr. min.

Due to Hypertension & chronic interstitial nephritis 3 mo

Due to Mitral insufficiency 30 yrs

9. Birthplace Douglas Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 131

11. Industry or business

12. Name Thomas Smith

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

14. Maiden name WINNIE FREEMAN

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

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? _____

16. (a) Informant Wm Freeman

(b) Address Varzant, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Varzant Cemetery

18. (a) Signature of funeral director None

(b) Address _____

19. (a) 7-13-46 (Date received local registrar) (b) Vestal Bushman (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Thomas T. Francis (M. D. or other) D.O.

Address Willow Springs, Mo. Date signed June 2, 1946

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

24

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.

Not Embalmed

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. JulyRegistration District No. 84Primary Registration District No. 5401

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Vanzant
(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 _____
years, months or days)3. (a) PRINT
FULL NAME John Smith

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 45 Months _____ Days _____ (If less than one day, hr. min.)9. Birthplace _____ (City, town, or county) (State or foreign country) MO10. Usual occupation Teacher

11. Industry or business _____

12. Name Thomas Smith13. Birthplace _____ (City, town, or county) (State or foreign country) MO14. Maiden name Winnie Freeman15. Birthplace _____ (City, town, or county) (State or foreign country) MO16. (a) Informant W. Freeman(b) Address Vanzant MO17. (a) (Burial, _____) (b) Date thereof June 1-46 (Month) (Day) (Year)(c) Place: burial or cremation Vanzant Cemetery18. (a) Signature of funeral director _____
(b) Address _____19. (a) July 3-46 (b) Vestal Bushman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Douglas
(c) City or town Vanzant (If outside city or town limits, write "RURAL")(d) Street No. Rube (If rural, give location)(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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 Thomas J. Francis (M. D. or other) MOAddress Willow Springs Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

19898