

No. 8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22848

FILED JUL 29 1946

State File No. 240

Registration District No. \_\_\_\_\_

Primary Registration District No. 3007

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Poplar Bluff**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Lucy Lee** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ripley** **91**

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

(d) Street No. **1/2 mile S. of Naylor**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Leroy Clark Vanhyning**

3. (b) If veteran, name war **World # 2**

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**  
year **1946** hour **1** minute **40 A.** M.

4. Sex **Male** **0** 5. Color or race **white** **2**

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

6. (b) Name of husband or wife \_\_\_\_\_

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

21. I hereby certify that I attended the deceased from **July 14**, 19 **46**, to **July 18**, 19 **46**  
that I last saw him **im** alive on **7-18-46**, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: **Feb. 16** **1912**  
(Month) (Day) (Year)

8. AGE: Years **34** Months **5** Days **2**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: **General Peritonitis following ruptured appendix**

Duration \_\_\_\_\_

9. Birthplace **Naylor** **Mo.** **1**  
(City, town, or county) (State or foreign country)

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

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

10. Usual occupation **Farmer**

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

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

12. Name **Morrett Van Hyning**

Major findings: **121" 2**  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

14. Maiden name **Nellie Kinckenbocker**

15. Birthplace **Henry Co.** **Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nellie K. Vanhyning**  
**Naylor, Mo.**

17. (a) **Burial** (b) Date thereof **July 13/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Naylor, Mo.** **7-18-46**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Minnie Gish**

(b) Address **Naylor, Mo.**

19. (a) **7-19-46** (b) **R.H. Minnettes**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury **0**

23. Signature **R.H. Minnettes** (M. D. or other) \_\_\_\_\_

Address **Poplar Bluff, Mo.** Date signed \_\_\_\_\_

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

24711

OCT 15 1948

9501 9 207

RECEIVED  
District Health Office No  
District File Number 746-8  
Date Filed 7-22-48

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 *Bryan Mac Coy*  
Licensed Embalmer No. 4079  
P. O. Address *Naylor*

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 CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 240

1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Paplar Bluff  
 (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 Leroy C Vanhyming

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 div

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

7. Birth date of deceased July 16 (Month) (Day) (Year)

8. AGE: Years 24 Months 5 Days \_\_\_\_\_ (If less than one day) hr. \_\_\_\_\_ min.

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

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

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

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof 7-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 7/19/46 (b) R. M. ... (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ year 1946 month \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

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

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

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

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

Of autopsy \_\_\_\_\_

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

OCT 15 1946

2284P