7. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37621

State File No. .....

Registration District No. 178 Primary Registration District No. 4285 Registrar's No. 102

1. PLACE OF DEATH:
(a) County LEWIS
(b) City or town Lewistown
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis
(c) City or town Lewistown
(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 WILLIAM THOMAS VAN METER
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora VanMeter
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Dec. (Month) 4 (Day) 1873 (Year)
8. AGE: Years 72 Months 11 Days 16 If less than one day ..... hr. ..... min.
9. Birthplace Durham (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
MOTHER FATHER
12. Name John B. Van Meter
13. Birthplace Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Schofield
15. Birthplace Durham (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs W. T. Vandmeter
(b) Address Lewistown, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Lewistown Mo
18. (a) Signature of funeral director James Allen
(b) Address Lewistown Mo
19. (a) 11/29/46 (Date received local registrar) (b) P W Jennings MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20th year 46 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 20th, 1946, to ....., 19..., that I last saw him alive on Nov 20th, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to myocarditis chronic	2 years
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 93D

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 David M. Rouse (M. D. or other)
Address La Belle, Missouri Date signed 12/22/46

161

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1947

RECEIVED
District Health Officer No. 10
District File No. 12-46-2201
Date Filed DEC 2 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 Myply ....., Registered Apprentice No. ....., working under my personal supervision.

Signed James A Coder

Licensed Embalmer No. 2532

P. O. Address Lewistown Mo

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.