

S. No. 2
 DM-8-43
 v. 5-17-39
 I X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **10074**
 Registrar's No. **21**

FILED APR 8 1947

Registration District No. **227**

Primary Registration District No. **4339**

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

1. PLACE OF DEATH:
 (a) County **Monroe**
 (b) City or town **Paris**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
W. Hickory St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 1/2 Months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Monroe**
 (c) City or town **Paris**
(If outside city or town limits, write "RURAL")
 (d) Street No. **W. Hickory St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country *****

3. (a) PRINT FULL NAME **Joseph Vanhuss**
 3. (b) If veteran, name war *****
 3. (c) Social Security No. *****

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March** day **19th**
 year **1947** hour **8** minute **30** A.M.
 21. I hereby certify that I attended the deceased from **March 13** to **March 19** 19**47**
 that I last saw him alive on **March 19** 19**47**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Zoma D. Vanhuss**
 6. (c) Age of husband or wife if alive ***** years
 7. Birth date of deceased **Dec. 29th** 18**72**
(Month) (Day) (Year)

Immediate cause of death
Influenza
 Due to **Chronic myocarditis**
 Due to **Prostatic Hypertrophy with**
Memia
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy
 Duration **10 days**
3 yrs
1 yr.

8. AGE: Years **74** Months **2** Days **20**
 If less than one day hr. min.

9. Birthplace **Marion Co. Va.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Jacob Vanhuss**

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

14. Maiden name **N. K.**

15. Birthplace **N. K.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Willie Joe Vanhuss**

(b) Address **Paris, Missouri**

17. (a) **burial** (b) Date thereof **Mar. 20, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cem.**

18. (a) Signature of funeral director **Speed Blakey**

(b) Address **Paris, Missouri**

19. (a) **3-29-47** (b) **Elbert Baker M.D.**
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
93D

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) (c) Means of injury
 23. Signature **F. A. Burnett M.D.**
 Address **Paris, Missouri** Date signed **3-19-47**

APR 10 1947

RECEIVED
District Health Officer No. 10
District File Number 447-629
Date Filed APR - 5 1947

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.....*E. H. Agnew*.....
Licensed Embalmer No. *4000*.....
P. O. Address.....*Paris, Missouri*.....

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.