

S. No. 2
4-8-43
5-17-39
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28191

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 26 1947

Registration District No. 169

Primary Registration District No. 4259

Registrar's No. 157

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

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Newark
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Virginia VansKike
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas Vanskike 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 4 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER
12. Name A. J. Job
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Allen Vanskike
(b) Address Newark, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Newark Cemetery

18. (a) Signature of funeral director Thomas Ball
(b) Address Ewing, Mo

19. (a) Aug-13-47 (Date received local registrar) (b) Nelle S. Hunt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox
(c) City or town Newark
(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 Aug day 9 year 1947 hour 8 minute 450 M.
21. I hereby certify that I attended the deceased from December 1946 to Aug 9 1947
that I last saw her ER alive on Aug 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Poisoning
Due to Chronic Nephritis
Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)
Chronic Myocarditis
Major findings: _____
Of operations: _____
Of autopsy: 1310

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 Haldob Dean (M. D. or other) Sur
Address Newark, Mo Date signed 8/13/47

1847 - 8 - 9
1867 - 7 - 4
83 - 1 - 5

Joseph A. [unclear]

RECEIVED
District Health Officer No. 10
District File Number 8-47-1110
Date Filed AUG 25 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 Thomas Ball
Licensed Embalmer No. 1744
P. O. Address Ewing, 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.