

FILED SEP 5 1947

State File No. _____

Registration District No. 207

Primary Registration District No. 4320

Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution West Line Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion ⁶⁴

(c) City or town Palmyra ²
(If outside city or town limits, write "RURAL")

(d) Street No. West Line Street ⁶
(If rural, give location) ⁰

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

If yes, name country _____

3. (a) PRINT FULL NAME John Thomas Vawter

(b) If veteran, name war No

(c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1947 hour 7 minute 45 P. M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased December 11 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 6 1947 to Aug 6 1947
that I last saw him alive on Aug 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis ^{1 hr} ^{Duration}

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>7</u>	<u>25</u>	hr. _____ min.

Due to Age and General arteriosclerosis

9. Birthplace Shelby County, Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Grocery Clerk

Major findings: Of operations _____
Of autopsy 83 P

11. Industry or business _____

12. Name John Vawter

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

14. Maiden name No record

15. Birthplace No record ⁹
(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 Mrs Joe Wilson

(b) Address Palmyra, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/47
(Month) (Day) (Year)

(Specify type of place)

While at work? _____ (e) Means of injury 21

(c) Place: burial or cremation Forest Grove Cemetery Shelby County

18. (a) Signature of funeral director James A. ...

(b) Address Palmyra, Mo.

23. Signature J. H. ... (Specify type of place) (b) or other) _____

Address Palmyra Mo. Date signed 8/17/47

19. (a) 8-7-47 (Date received local registrar)

(b) 1947 (Registrar's signature)

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 _____

Licensed Embalmer No. 7382

P. O. Address. Polynon. Va

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.