

FILED OCT 20 1947
2190

Registration District No.

Primary Registration District No. 4427

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution: DeWitt Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days 11 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Brinktown, Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME John Henry Veasman

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 6
year 1947 hour 11 minute A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: 10 3 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 7 1947 to Oct 6 1947
that I last saw h. im alive on Oct 6 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
			<u>3</u>	<u>5</u> hr. <u>.....</u> min.

Immediate cause of death: Prematurity

Due to premature rupture of membranes from duoden known cause resulting in premature labor.

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

9. Birthplace DeWitt Hospital Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Robert Henry Veasman

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

14. Maiden name Florence E. Rollins

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

PHYSICIAN

Major findings:
Of operations.

Of autopsy:

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Robert Henry Veasman

(b) Address Brinktown, Missouri

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/1947
(Month) (Day) (Year)

(c) Place: burial or cremation Brinktown

While at work (Specify type of place)

Means of injury

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) Oct. 13, 1947 (Date received local registrar)

(b) Shelma P. Buckhup (Registrar's signature)

23. Signature (M. D. or other) D.O

Address Date signed 10-6-47

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

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.....

Maurice E. Schierbaum

Registered Apprentice No. *462*

working under my personal supervision.

Signed *Fred W. Bennett*

Licensed Embalmer No. *2341*

P. O. Address *Dixon, 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.