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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 12 1948

Registration District No. 42

Primary Registration District No. 5126

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
3 1/2 Miles Northeast Dearborn, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
Entire life (Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte Buchanan

(c) City or town Rural, Crawford Township
(If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 miles northeast Dearborn
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Sarah Ann Vestal

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex female

5. Color or race white

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

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

(b) Name of husband or wife Jim Vestal

7. Birth date of deceased April 2 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>82</u>	<u>9</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Buchanan Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

MOTHER FATHER {

12. Name Tom Blankenship

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

14. Maiden name Ward

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

16. (a) Informant Henry R. Vestal

(b) Address Faucett Mo.

17. (a) Burial (b) Date thereof Jan. 9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turner Cemetery
Davis Mortuary

18. (a) Signature of funeral director _____

(b) Address Dearborn, Missouri

19. (a) 1-8-48 (b) E. G. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1948 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 15th, 1948 to Jan 17th, 1948, that I last saw her alive on Jan 17th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death uterine cancer

Duration 4 years

Due to _____

Due to _____

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

Major findings: U & B

Of operations _____

Of autopsy _____

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 ①

23. Signature E. G. Jenkins (D or other) _____
Address Dearborn Mo Date signed 1-7-48

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 W. B. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.