No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 529

Registration District No. 64 — Primary Registration District No. 5247 — Registrar's No. 3

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Salisbury Township Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
aprox 2 miles South of Salisbury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community aprox Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton 21
(c) City or town Rural Salisbury Township
(If outside city or town limits, write "RURAL")
(d) Street No. aprox 2 miles South of Salisbury
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Thomas Chowning Vandeventer
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mamie Vandeventer
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased October (Month) 17 (Day) 1873 (Year)

8. AGE: Years 74 Months 2 Days 21 If less than one day ___ hr. ___ min.
9. Birthplace Florida (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ✓
FATHER
12. Name Presley D. Vandeventer
13. Birthplace ✓ (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Elizabeth Chowning
15. Birthplace ✓ (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Mamie Vandeventer
(b) Address Salisbury Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury City Cemetery
18. (a) Signature of funeral director Geo B Winkelmeyer
(b) Address Salisbury, Mo.
19. (a) 1-23-48 (Date received local registrar) (b) [signature] (Registrar's signature) 55

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8 year 1948 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from Oct 7, 1947 to Jan 8, 1948; that I last saw him alive on Jan 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of prostate Carcinoma of left hip & lumbar vertebra, metastatic,	1 yr
Due to with pathological fracture of left hip	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature F. L. Hoover (M. D. or other) MD
Address Salisbury Mo. Date signed Jan 21, 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-12-48

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.