No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4085

Primary Registration District No. 5126

Registrar's No. 284

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rural (Wallace, Mo.)
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2, Faucett, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME LUTHER VESTAL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January (Month) 5, (Day) 1881 (Year)

8. AGE: Years 67 Months 2 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Williamx Vestal
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Blezard
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Anna Vestal (wife)
(b) Address Wallace, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Juda Cemetery at Wallace, Mo.

18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., City

19. (a) 3-9-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6, year 1948 hour 6 minute :30 P. M.

21. I hereby certify that I attended the deceased from March 6th, 1948, to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

92B

PHYSICIAN

Underline the cause of 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 B. W. Tadlock Coroner (M. D. or other)
Address KING HILL BLDG St. Joseph, Mo. Date signed 3/8/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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, [redacted] ....., Registered Apprentice No. ....., working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.