S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5556

FILED MAR 11 1948

Registration District No. 224 — Primary Registration District No. 5796 — Registrar's No. 7

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Rural Walker 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME William Beam Vanmater
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 Hedwig Van Mater
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Mar. (Month) 25 (Day) 1882 (Year)

8. AGE: Years 65 | Months 10 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Moniteau (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....

FATHER
12. Name Wesley Van Mater
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mc Laughlin
15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hedwig Van Mater
(b) Address California Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. California Mo
18. (a) Signature of funeral director Hugh E. William
(b) Address California Mo.
19. (a) 2-9-48 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1948 hour 6 minute 10 A.M.
21. I hereby certify that I attended the deceased from Nov. 2, 1947, to Feb. 7, 1948, that I last saw him alive on Feb 7, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Colon	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46 E	
Of autopsy	

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 L. J. Bonion (M. D. or other) D.O.
Address California Date signed 2/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number MAR 11 1948
Date Filed

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 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.