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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 10 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15238

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 65

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

1. PLACE OF DEATH:

(a) County Vernon
(b) ~~City~~ Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital #39
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 yrs 7 mo 10 days
(Specify whether
In this community Same
years, months or days)

3. (a) PRINT FULL NAME Leroy Vanoy

3. (b) If veteran, name war ✓ 3. (c) Social Security No.

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife DK 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased October 23 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 0 If less than one day hr. min.

9. Birthplace: Galena Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business

12. Name Henry Clay Vanoy

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

14. Maiden name Hellie James

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

16. (a) Informant Records

(b) Address State Hospital #3

17. (a) Removal (b) Date thereof 4-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helina, Texas

18. (a) Signature of funeral director Murch Gishinger

(b) Address Newada, Mo.

19. (a) 4-27-48 (b) Kathryn Vanoy
(Date of local registrar) (Registrar's signature) 2121

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Joplin "rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1948 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 17, 1948, to April 23, 1948;
that I last saw him alive on April 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease

Due to

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
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 James L. Karpoe (M. D. or other) MD
Address State Hospital #3 Date signed 4-23-48

RECEIVED
District Health Officer No: 7,
District File Number 4-48472
Date Filed 5-7-48

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 Mark Eichinger
Licensed Embalmer No. 2656
P. O. Address Nevada, 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, above space should be left blank.