FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18785

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 677

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph 4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Atchison Nursing Home
917 Angelique
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 months (Specify whether
In this community: 26 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: Faucett 6
(If outside city or town limits, write "RURAL")
(d) Street No.: Faucett, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Mary Elizabeth Vestal
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Obediah M. Vestal
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: May (Month) 7 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	5	hr. min.

9. Birthplace: New Market (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At home
11. Industry or business: At home

FATHER
12. Name: Fred Ussary
13. Birthplace: Unknown (City, town, or county) So. Carolina (State or foreign country)

MOTHER
14. Maiden name: Lucinda Bledsoe
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: O. M. Vestal
(b) Address: Faucett, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Juda Cemetery
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 6-22-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 383

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1948 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from January 29, 1946 to June 12, 1948 that I last saw her alive on June 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage, Cerebral	1½ years
" "	8 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 6

23. Signature: L. L. Durham (M. D. or other)
Address: Dearborn Mo Date signed 6-15-48

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

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

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph, M

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.