

No. 300  
1-10-47  
5-17-39  
I 3908

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 29 1948

Registration District No. 43

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29017

Primary Registration District No. 3007

Registrar's No. 313

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

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff, Mo  
(c) Name of hospital or institution: 213 Henry St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 26 yrs years, months or days

3. (a) PRINT FULL NAME Dolph G. Vanderpool  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased March 1, 1872 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Batesville, Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_  
12. Name August Vanderpool  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name Wisia, Nash  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lewis Vanderpool  
(b) Address Poplar Bluff, Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-48 (Month) (Day) (Year)  
(c) Place: burial or cremation City - Poplar Bluff, Mo  
18. (a) Signature of funeral director Francis Coffell  
(b) Address Poplar Bluff, Mo  
19. (a) 9-23-48 (Date received local registrar) (b) Registrar's signature [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL")  
(d) Street No. 213 Henry (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1948 hour 12:10 minute A.M.  
21. I hereby certify that I attended the deceased from Jan 28, 1948, to 20 Sept, 1948, and that I last saw him alive on 19 Sept, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Coronary Occlusion  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
32. Signature [Signature] (M. D. or other) Address Poplar Bluff Date signed 9-21-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 948-1225

Date Filed 9-27-48

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 John M. Davis, Registered Apprentice No. 249, working under my personal supervision.

Signed Grover W. Greer  
Licensed Embalmer No. 2964  
P. O. Address Poplar Bluff, 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.