

No. 2  
M-5-43  
5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31796**

FILED SEP 27 1948

Registration District No. **336**

Primary Registration District No. **6207**

Registrar's No. **38**

1. PLACE OF DEATH:

(a) County **Texas**  
(b) City or town **Rural Lynch**  
(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 **Life time** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ms.** (b) County **Texas 107**  
(c) City or town **Rural Lynch**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **10th SW of Lynch Ms**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lola L. Vanstaaten**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

-7. Birth date of deceased **Jan 30, 1883**  
(Month) (Day) (Year)

8. AGE: Years Months Days . If less than one day  
**65 5 25** hr. min.

9. Birthplace **Montgomery Ms**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_

12. Name **Philip Vanstaaten**  
13. Birthplace **Holland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Langhewiger**  
15. Birthplace **Pittsburg Kansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Hally**  
(b) Address \_\_\_\_\_

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-27-48**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Antioch, Ill.**

18. (a) Signature of funeral director **Smith Ferguson**  
(b) Address **Lynch Ms**

19. (a) **Sept. 16, 48** (Date received local registrar) (b) **Myrtle Craig** (Registrar's signature) **7-27**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25**  
year **1948** hour **11** minute **30 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Epileptic convulsion**

Due to \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature **J. C. K. Keenan** (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **7/25/48**

Duration \_\_\_\_\_  
Physician \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED 9-22-48  
District Health Officer No. 5,  
District File Number 948614  
Date Filed 9-22-48

SEP 23 1948

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 Embert E. Ferguson  
Licensed Embalmer No. 3945  
P. O. Address Fitching Md

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.