No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 30 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37414

Registration District No. 224 Primary Registration District No. 8046 Registrar's No. 63

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 701 S. Oak
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Moniteau
(c) City or town California, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 701 So. Oak
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Lucy ANN VAIL
3. (b) If veteran, name war ____
3. (c) Social Security No. 485-26-4999
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, or divorced widowed
6. (b) Name of husband or wife Harry Vail
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Sept (Month) 27 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
67	1	21	____ hr. ____ min.

9. Birthplace Whiting, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business ____
12. Name (FATHER) Charles A. Beegle
13. Birthplace Penn. (City, town, or county) (State or foreign country)
14. Maiden name (MOTHER) Sarah Finks
15. Birthplace Penn. (City, town, or county) (State or foreign country)
16. (a) Informant Milton E. Vail
(b) Address California, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-21-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Whiting, Kansas
18. (a) Signature of funeral director A. E. Wilson
(b) Address California, Mo.
19. (a) 11-19-48 (Date received local registrar) (b) H. E. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1948 hour 9 minute A.M.
21. I hereby certify that I attended the deceased from Sept 3, 1946, to Nov 15, 1948 that I last saw her alive on Nov 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 hour
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations NV	
Of autopsy	

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 Kenyon Latham (M. D. or other)
Address California, Mo Date signed 11-19-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number NOV 29 1948
Date Filed

DEC 11 1948

DEC 3 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 A. E. Wilson

Licensed Embalmer No. 2351

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.