S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 3 1949
Registration District No. 7/1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3025

State File No. 39966

Registrar's No. 63

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: West Plains
(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: 28 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Howell 46
(c) City or town: West Plains
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Sarah Catherine Van Dort
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: W 2
(b) Name of husband or wife: C C Van Dort
(c) Age of husband or wife if alive: years
7. Birth date of deceased: 2 (Month) - 17 (Day) - 1865 (Year)

8. AGE: Years: 83 | Months: 7 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Waynesville (City, town, or county) Mo (State or foreign country) U
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Andrew Foster
13. Birthplace: Unk (City, town, or county) Adams (State or foreign country)
MOTHER
14. Maiden name: Unk
15. Birthplace: (City, town, or county) Unk (State or foreign country)
16. (a) Informant: Dan Jan Dort
(b) Address: West Plains Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof: 10/14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Lawn
18. (a) Signature of funeral director: Roberts
(b) Address: West Plains, Mo
19. (a) Dec 21-1948 (Date received local registrar) (b) Beatrice Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12
year 1948 hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from 10-1-48, to 10-12, 1948;
that I last saw h[illegible] alive on Oct 8, 1948;
and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Mys-carditis, chronic	(?)
Due to: Undetermined	
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

23. Signature: A R Thornburgh (M. D. or other) M.D.
Address: West Plains, Mo Date signed: 12/25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)
A R Thornburgh

RECEIVED 12-27-48
District Health Officer No. 5,
District File Number 12-48-13
Date Filed 12-28-48

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 [signature]

Licensed Embalmer No. 4547

P. O. Address West Paris Me

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.