

Registration District No. **187** Primary Registration District No. **3040**

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
309 Clay 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 4 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 309 Clay
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME

James Buel VanZant

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maud VanZant 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Feb 19 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1948 hour 10 minute 35 P.M.
21. I hereby certify that I attended the deceased from Sept - 22
1947 to Dec - 12, 1948.
that I last saw him alive on Dec - 12, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial nephritis
Duration 5 yrs

8. AGE: Years 86 Months 9 Days 23 If less than one day — hr. — min.

9. Birthplace Metcalf Co. Ky
(City, town or county) (State or foreign country)

10. Usual occupation Farmer Ret

11. Industry or business

12. Name James W VanZant
13. Birthplace Wakarusa
(City, town, or county) (State or foreign country)
14. Maiden name Coronita Daugherty
15. Birthplace Wakarusa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maud VanZant
(b) Address Chillicothe, Mo

17. (a) Burial (b) Date thereof 12/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Cemetery

18. (a) Signature of funeral director Wm Oling
(b) Address Chillicothe, Mo

19. (a) Dec 14 1948 (b) Frances B Neill
(Date received local registrar) (Registrar's signature)

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

23. Signature Dr. C. C. Miller (M. D. or other)
Address Chillicothe Date signed 1/14/49

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

MOTHER FATHER

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..... *Ronald F. Jordan*.....
Licensed Embalmer No. *4191*.....
P. O. Address..... *Chillicothe, 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.