S. No. 2
M—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40743

Registration District No. 200 | Primary Registration District No. 3041 | Registrar's No. 407

1. PLACE OF DEATH:

(a) County: Macon

(b) City or town: Macon (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sheridan & Rollins St. (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: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Macon

(c) City or town: Macon (If outside city or town limits, write "RURAL")

(d) Street No.: Sunnyside (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: ____

3. (a) PRINT FULL NAME: Charles Vandike

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: Widowed

6. (b) Name of husband or wife: ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: June (Month) 5 (Day) 1874 (Year)

8. AGE: Years 74 Months 5 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace: Macon Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Coal miner

11. Industry or business: ____

MOTHER FATHER

12. Name: James B. Vandike

13. Birthplace: ____ (City, town, or county) Ky. (State or foreign country)

14. Maiden name: Ammunto Mayhew

15. Birthplace: ____ (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant: Everett Vandike

(b) Address: Macon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/17/1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olive, Macon Co

18. (a) Signature of funeral director: Albert Kumer Mo.

(b) Address: Macon, Mo.

19. (a) 12/6/48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 14 year: 1948 hour: 11 minute: 30 a.m.

21. I hereby certify that I attended the deceased from 24 Oct, 1948, to 30 Oct, 1948; that I last saw him alive on 30 Oct, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration: 1 month

Due to: Valvular Heart disease — Duration: chronic

Due to: ____

Other conditions (Include pregnancy within 3 months of death): alcoholism 1 yr. = mental deterioration 2 wks

Major findings: Of operations: ____

Of autopsy: 92 D

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) 0

While at work? ____ (e) Means of injury: ____

23. Signature: Donald E Eggleston (M. D. or other) MD

Address: Macon, Mo. Date signed: Nov. 17, 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 15
District File Number 12-48-2118
Date Filed DEC 13 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 Albert Kenner

Licensed Embalmer No. 757

P. O. Address Macon 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.