

NOV 15 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. **6137**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Shannon  
(b) City or town Armorel  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon 101  
(c) City or town Armorel  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Monroe Vann

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M Color or race B

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ernie Vann

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug 7 1874  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 24  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mo S  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

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

12. Name Wm Vann

13. Birthplace Trenton, Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Kate Biffel

15. Birthplace Mo S  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Vann

(b) Address Horton Spas

17. (a) Burial (b) Date thereof 11-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Armorel

18. (a) Signature of funeral director J. A. ...

(b) Address Mo

19. (a) 11-6-47 (b) Michael ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1947 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Oct 1, 1947, to Nov -3, 1947; that I last saw him alive on Oct 15, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93E

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 0

23. Signature Frank ... (M. D. or other) \_\_\_\_\_

Address Excimer Mo Date signed 11-3-47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

43  
7-39  
X37823

RECEIVED

District H. No. 5,

District F

Date Filed

1147650  
11-13-47

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 Joe R. Duncan  
Licensed Embalmer No. 4325  
P. O. Address Mtn View, 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.