

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10579

Registration District No. 146 Primary Registration District No. 5209 Registrar's No.

1. PLACE OF DEATH:
(a) County. Carter (b) City or town. Rural
(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. 2
(Specify whether
In this community. 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Mo (b) County. Carter
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME. James Milton Vermillion
8. (b) If veteran, name war. (c) Social Security No.
4. Sex. M 5. Color or race. W 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Malanda Jane Vermillion 6. (c) Age of husband or wife if alive. 72 years
7. Birth date of deceased. May 9 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 8
year 1940 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from Feb 19th, 1940 to Mar 8, 1940
that I last saw him alive on Mar 8, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 9 Days 29 If less than one day
9. Birthplace. Ohio (City, town, or county) (State or foreign country)
10. Usual occupation. Farmer

Immediate cause of death
Chronic Endo-Carditis
" Subcutaneous Neplias
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name. John Vermillion
13. Birthplace. Ohio (City, town, or county) (State or foreign country)
14. Maiden name. Dora Knowlton
15. Birthplace. Ohio (City, town, or county) (State or foreign country)
16. (a) Informant's own signature. Pete Hallis
(b) Address. Fremont Mo
17. (a) (Burial, cremation, or removal) Pleasant City
(b) Date thereof. 3-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation. Pleasant City
18. (a) Signature of funeral director. Phil A. Fuchel
(b) Address. Van Buren Mo.
19. (a) Date received local registrar. March 8 (b) Registrar's signature. Jessie L. Schupp

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?
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While at work? (Specify type of place) (e) Means of injury.
23. Signature. J. M. Cotton (M. D. or other)
Address. Van Buren Date signed. 3-14-40

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 2-9-40

Registered Apprentice No.

RECEIVED
working under my personal supervision. *3 0*
District Health *6 5-2-73*
District File Number 440 424
Date Filed 4-11-40

Signed Philip A Leuchel

Licensed Embalmer No. 2936

P. O. Address Von Bremen Tr

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, above space should be left blank.