

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13452

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. Genl. Hosp. No. 2 Registered No. 1462 St. Mo.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Vernon Vann 500
 (a) Residence, No. 1414 Paseo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Monia Vann
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1904
 7. AGE YEARS 33 MONTHS 9 DAYS 27 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hide Grader
 9. Industry or business in which work was done, as saw mill, bank, etc. Cudahy Packing
 10. Date deceased last worked at this occupation (month and year) 3-30-1938 11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (CITY OR TOWN) Wagoner (STATE OR COUNTRY) Okla.

FATHER 13. NAME Joshua Vann

14. BIRTHPLACE (CITY OR TOWN) Wagoner (STATE OR COUNTRY) Okla.

MOTHER 15. MAIDEN NAME Fannie Hudson

16. BIRTHPLACE (CITY OR TOWN) Fort Gibson (STATE OR COUNTRY) Okla.

17. INFORMANT (ADDRESS) Robert Kirk Vann, bro
2230 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagoner Okla. DATE 1938

19. FUNERAL DIRECTOR (ADDRESS) Adkins Bros.
2000 E. 12th

20. FILED Apr 30 1938 M.M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938, 1938

I last saw him alive on Apr 4, 1938, 1938 Death is said

to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

Gun Shot (wound) Chest Date of onset 173

Other contributory causes of importance:

Name of operation Autopsy Date of Apr 30

What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 3-30-38

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun Shot

Nature of injury Chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) Fussell W. Brown, M. D.

(Address) Wagoner Okla.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No. 3836
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edw G Evans
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

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.)