

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

24421
 Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1007 Registered No. 2926
 (c) City Kansas City (d) Street No. Rec. Ward, General Hospital St.
 (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 Sam Vanderpool
 (a) Residence, No. Washington Hotel St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No Record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 No record.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
13. NAME No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Record Clerk
 (ADDRESS) K C General Hospital

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Greenlawn DATE July 20 38

19. FUNERAL DIRECTOR (NAME) Quirk & Tobin Co.
 (ADDRESS) Kansas City, Mo.

20. FILED July 20 38 M. M. Benome
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14-38

22. I HEREBY CERTIFY, That I attended deceased from Acute Coronary, 1938
 I last saw him 5:15 pm Death is said to have occurred on the date stated above, at 5:15 pm.
 The principal cause of death and related causes of importance were as follows:
Pulmonary edema (cause unknown)
11/10

Date of onset

Other contributory causes of importance:

Name of operation _____ **Date of** _____
What test confirmed diagnosis? _____ **Was there an autopsy?** Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ **Date of injury** _____, 1938
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) Walter H. Miller, M. D.
 (Address) Greenlawn K.C. Mo.

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.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.