

DEC 19 1938

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

39423
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 204
 (b) Township _____ Primary Registration District No. 2158 Registered No. 89
 (c) City Kansas City (d) Street No. 103 rd Halmer Road 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

(a) Residence, No. 103 rd. Halmer St. 7 (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 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche Ann Van Hoy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1882
 7. AGE YEARS 56 MONTHS 7 DAYS 8 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoemaker
 9. Industry or business in which work was done, as saw mill, bank, etc. W. Russel & Co
 10. Date deceased last worked at 24th March 1938 (years) this occupation (month and year) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Macon City (STATE OR COUNTRY) Massachusetts

FATHER 13. NAME Dr. Henry Clay Van Hoy

14. BIRTHPLACE (CITY OR TOWN) Cumberland Gap (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Katherine Ralber

16. BIRTHPLACE (CITY OR TOWN) Cambridge City (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Hallie Van Hoy Britt
103 + Halmer

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec 1 38

19. FUNERAL DIRECTOR (NAME) St. New General Co (ADDRESS) Brushcreek + Passes

20. FILED 12-3-38 1938 Miss J. Brennan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2 1938, to Nov 28 1938
 (Last saw him alive on Nov 27 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Bronchogenic Carcinoma 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 _____, 19____
 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? no
 If so, specify _____

(Signed) Dr. H. Wheeler M. D.
 (Address) 1500 Professional Bldg

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

Registered Apprentice No., working under my personal supervision.

Signed *Laurence Carr*

Licensed Embalmer No. *4031*

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.