

550 JAN 13 1938

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

41933
Do not use this space.

Registered No. 4999

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399.

(b) Township Kaw Primary Registration District No. 1002

(c) City Kansas City 1 (d) Street No. 820 Indiana St.

(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 Amelia Adeline Van Fleet

(a) Residence, No. 820 Indiana 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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Van Fleet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

85 5 32

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

FATHER 13. NAME Henry Bunn

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

MOTHER 15. MAIDEN NAME Susan Wonder

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. W. D. Willson
820 - Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Peubar Mo DATE Dec 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Foster
918 Brooklyn R. C. Mo

20. FILED Dec 23, 1938 M. M. Grove
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1938, to Dec. 21, 1938

I last saw h. alive on Dec 12 1938 Death is said to have occurred on the date stated above, at 6:04 p. m.

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

Pneumonia Lobar
acute dilatation of
heart

Date of onset Dec 10

Other contributory causes of importance: age.

Name of operation none Date of

What test confirmed diagnosis? Pluse Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) E. A. Alfery M. D.

(Address) 1125 Repto
Kansas City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

FORM 1 X 16603

Photo

7-5-83

John H. ...

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.