

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

42063
 Do not use this space.

REC'D JAN 13 1938

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. Research Hospital Registered No. 5129
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

524 Harvey Joseph Vancil
 (a) Residence, No. 917 E 33 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 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beulah Vancil
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5, 1898
 7. AGE YEARS 40 MONTHS 1 DAYS 26 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Salesman
 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) Topeka Kansas
 FATHER 13. NAME John P Vancil
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 MOTHER 15. MAIDEN NAME Florence Stover
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.
 17. INFORMANT Melrose Sickrist (ADDRESS) 917 E 33
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan 3 1938
 19. FUNERAL DIRECTOR (NAME) O. N. Newcomer's Sons (ADDRESS) 8 Muhlenberg & Pine
 20. FILED Dec 31, 1938 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1938, to Dec 31 1938
 I last saw him alive on Dec 31 1938 Death is said to have occurred on the date stated above, at 12 NOON m.
 The principal cause of death and related causes of importance were as follows:
Myocardial
Insufficiency
Arteriosclerosis
Arterial
 Date of onset Nov 30
 Other contributory causes of importance:
 Name of operation None Date of _____
 What test confirmed diagnosis? X-ray 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) O. P. G. Humphrey
 (Address) P. O. 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.

APR 27 1956

6825 Locust
W. 7673
P.M.

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

Nell Carr

Licensed Embalmer No.

3976

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.