DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5681

Registrar's No. 906

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days. (Specify whether
In this community Unknown,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,

(c) City or town Kansas City, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2809 Monroe,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Ruth C. Van Meter

3. (b) If veteran, name war no.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Walter H. Van Meter,

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased September (Month) 8 (Day) 1904 (Year)

8. AGE: Years 35 | Months 5 | Days 18 | If less than one day ___ hr. ___ min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation housewife,

11. Industry or business x

FATHER
12. Name Samuel W. Johnson,
13. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Christina Johnson,
15. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

16. (a) Informant's own signature Walter H. Van Meter,
(b) Address 2809 Monroe, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 2-28-40 (Month) (Day) (Year)
(c) Place: burial or cremation Keytesville, Mo.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-28-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th, year 1940 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from Jan 20, 1940, to Feb 28th, 1940 that I last saw her alive on Feb 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bowels - ovary

Due to Cancer of Bowel (Primary)

Due to 46

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Adino carcinoma of large bowel sigmoid
Of autopsy Adino carcinoma of bowel with metastases

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 361 (Specify type of place)
While at work? (e) Means of injury 1

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 2/29/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

Dr. A. C. Griffith,
Rialto Bldg
Vi 3647 / - 32

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 Dewey Towner Jr, Registered Apprentice No. 222, working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

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.