No. 2
1-10-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14399

MAY 15 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 490

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
36th & Edmond Streets 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits write "RURAL")

(d) Street No. 36th & Edmond Streets
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Lieut. Colonel Thomas F. Van Natta, Jr.

3. (b) If veteran, name war Phillippine Insur. Mexican Campaign World War

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Jean

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

7. Birth date of deceased November (Month) 25 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	5	5	hr. min.

9. Birthplace Atchison (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Retired Officer

11. Industry or business Regular Army

FATHER
12. Name Thomas F. Van Natta
13. Birthplace Shelbyville (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Zook
15. Birthplace Maryville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Jean A Van Natta
(b) Address 36th & Edmond, St. Joseph, Missouri

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof May 2, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Missouri
Incinerated ashes, Post Cemetery, Ft. Riley, Kansas

18. (a) Signature of funeral director Hatte Mirshoffer
(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 5/1/40 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1940 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from Oct-14, 1939, to Apr-30-, 1940, that I last saw him alive on Apr-30-, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy No

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) No
(b) Date of occurrence —
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
(e) While at work? — (e) Means of injury —

23. Signature T. L. Howden (M. D. or other) MD
Address Kirkpatrick Bldg. St. Joseph, Missouri. Date signed 4-30-40

(Licensed Embalmer's Statement on Reverse Side)

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 W. H. Kelly

Licensed Embalmer No. M. 3946

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.