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FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20671

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2288

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:
K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two days
(Specify whether
In this community 40 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 4111 Troost Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME ALICE VAN DUSEN 532
3. (b) If veteran, name war No 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1st
year 1940 hour 7 minu 20 P. M.

4. Sex Fe. 5. Color or race Wh.
6. (a) Single, widowed, married, divorced Seperated
6. (b) Name of husband or wife Chas. E. VanDusen 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 6 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 29th, 1940, to June 1st, 1940
that I last saw her alive on June 1st, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 1 25 hr. min.

Immediate cause of death
Carcinoma of oesophagus with incom-
plete obstruction

9. Birthplace Toronto Canada
(City, town, or county) (State or foreign country)

Due to 46
Due to _____
Other conditions Post operative gastrotomy
(Include pregnancy within 3 months of death)

10. Usual occupation Home

PHYSICIAN
Major findings:
Of operations _____
Of autopsy See above
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name John McConiff
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Smith
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Gene VanDusen
(b) Address 4111 Troost ave

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Removal (b) Date thereof June 3- 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Nebr.

(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?
While at work? _____ (Specify type of place) (e) Means of injury 1

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address K. C. Mo.
19. (a) June 3, 1940 M. M. Browe
(Data received local registrar) (Registrar's signature)

23. Signature Dr. De Manna MD (M. D. or other)
Address Supt. K. C. Gen. Hospital K. C. Mo. signed

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

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.