DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22057 78

Registration District No. 431 Primary Registration District No. 3023 Registrar's No.

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 210 Tyler
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 30 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Johnson
(c) City or town: Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No.: 210 Tyler
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: John C. Van Meter 536
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: m
5. Color or race: Whit.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Rosie Gordy Whitsett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dec. (Month) 25 (Day) 1865 (Year)

8. AGE: Years 74 Months 5 Days 12 If less than one day hr. min.

9. Birthplace: Corder (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Barber
11. Industry or business:
FATHER 12. Name: Issac Van Meter
13. Birthplace: Va. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Abel
15. Birthplace: Un. Known (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Marguerite Cooper
(b) Address: Miami, Oklahoma
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6 9. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Odessa, Mo.
18. (a) Signature of funeral director: Sweeney Phillips
(b) Address: Warrensburg, Mo.
19. (a) June 8-1940 (Date received local registrar) (b) Eva Gentry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1940 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from 1935, 19, to June 7, 1940, that I last saw him alive on June 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
94 b- Coronary Thrombosis	?
94 a- Angina Pectoris -	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? (e) Means of injury

23. Signature: E. R. Cooper M.D. (M. D. or other)
Address: Warrensburg Mo. Date signed 6-8-40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8
District File Number 7-16-40
Date Filed

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 Earl Priest, Registered Apprentice No. ..... working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3828

P. O. Address Warrensburg

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.