

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24174**
Registrar's No. **2784**

Registration District No. **399**

Primary Registration District No. **1002**

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

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 **14 days**
(Specify whether
In this community **30 years**
years, months or days)

8. (a) PRINT FULL NAME **VanHorn, Grover C. 565**
8. (b) If veteran, name war **Unk.** 3. (c) Social Security No. **Unk.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **Oct 9 1884**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 55 | 8 | 25 | hr. min. |

9. Birthplace **Mo Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck driver**

11. Industry or business **9**

MOTHER FATHER { 12. Name **No record**
13. Birthplace " " **9**
(City, town, or county) (State or foreign country)
14. Maiden name " "
15. Birthplace " "
(City, town, or county) (State or foreign country)

16. (a) Informant **Record clerk**

(b) Address **K.C. General Hosp., K.C. Mo.**

17. (a) **Burial** (b) Date thereof **July 7-10-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **B.C. Cemetery**

18. (a) Signature of funeral director **Wm. G. Thompson**

(b) Address **B.C. Gen. Hosp.**

19. (a) **July 10, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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. **1705 Forest**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3rd**
year **1940** hour **3** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **June 19th, 1940, to July 3rd 1940, 19**
that I last saw him alive on **July 3rd, 1940, 19**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive heart disease with cardiac decompensation**

Due to **95B**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature **Henry R. Shaw** (M.D. or other)
Address **Med. Director, K.C. Gen. Hospital** Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Wm A. Schuyler*

Licensed Embalmer No. *3089*

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.