No. 2
13-40
7-39
X23159

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

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19572 17275

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 518

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: STATE HOSPITAL No. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 yr 4 days (Specify whether years, months or days)
In this community: 1 yr. 4 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 3315 Wabash (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: MARGARET VAN DUSEN
3. (b) If veteran, name war: —
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W 2
6. (b) Name of husband or wife: James Van Dusen
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: August (Month) 4 (Day) 1858 (Year)
8. AGE: Years 82 Months 9 Days 8 If less than one day hr. min.
9. Birthplace: — (City, town, or county) New York (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
12. FATHER Name: Robert Neil
13. FATHER Birthplace: Scotland (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Margaret Dallas
15. MOTHER Birthplace: N. Y. (City, town, or county) (State or foreign country)
16. (a) Informant: Hospital Records
(b) Address: State Hosp. #2 St. Joseph Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-14-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Kansas City Mo
18. (a) Signature of funeral director: Lyear
(b) Address: Kansas City Mo
19. (a) May 14 41 (Date received by local registrar) (b) H. Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 12th year: 1941 hour: 4 minute: 20 A. M.
21. I hereby certify that I attended the deceased from May 10, 1941, to May 12, 1941; that I last saw her alive on May 11, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	over 1 yr.
Due to: —	
Due to: —	
Other conditions: Senile Psychosis (Include pregnancy within 3 months of death)	

Major findings:
Of operation: Cardiac Hypertrophy
Fibrosis of Myocardium
Of autopsy: Atelectasis + Pulmonary Emphysema
Congestion of liver + Spleen

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

23. Signature: J. Kenneth Thompson (M. D. or coroner) M. D.
Address: State Hosp. #2 St. Joseph, Mo Date signed: 5-13-41

(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.....

Licensed Embalmer No. 632

P. O. Address.....

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, fact should be so stated above.