No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7

MISSOURI STATE BOARD OF HEALTH

1939 STANDARD CERTIFICATE OF DEATH

State File No. 20815
Registrar's No. 2345

Registration District No. 399 Primary Registration District No. 1002

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 No. 1 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 040
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8
(d) Street No. 4102 Penn St. 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. VANITE CHAPIN
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Oscar C. Chapin
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Jan. (Month) 3 (Day) 1891 (Year)
8. AGE: Years 50 Months 5 Days 15 If less than one day hr. min.
9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name John Ballinger
FATHER 13. Birthplace - (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name Sadie
MOTHER 15. Birthplace Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant Oscar C. Chapin
(b) Address 4102 Pennsylvania
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/20/41 (Month) (Day) (Year)
(c) Place: burial or cremation Mirabile, Mo.
18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway
19. (a) 6/20/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1941 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 6-4-41 19..., to 6-18-41 19...; that I last saw her alive on 6-18-41 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Breast with metastases	
Due to: 50	
Due to: 5D	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 Henry R. Thorn (M. D. or other) O
Address Hed. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

Permit

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 Leon H. Stewart

Licensed Embalmer No. 4177

P. O. Address Kansas City, Mo

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, fact should be so stated above.