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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20830

State File No. 2360

Registration District No. 299 FILED JUL 7 1941

Primary Registration District No. 1002

Registrar's No.

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: 3710 Troost (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 50 yrs. years, months or 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. 3710 Troost. O (If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 yrs years.

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3. (a) PRINT FULL NAME Robert Walter Vose

3. (b) If veteran, name war MO

3. (c) Social Security No. 702-12-0244

4. Sex O M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Vose

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased 11 (Month) 20 (Day) 1891 (Year)

8. AGE: Years 50 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business Garage

FATHER
12. Name Elmer Vose
13. Birthplace " " (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Mary McGuire
15. Birthplace " " (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Robert W Vose Jr.

(b) Address 3710 Troost

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation Kuchmaster, Mo

18. (a) Signature of funeral director [illegible]

(b) Address Kansas City Mo.

19. (a) 6/21/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1941 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from June, 1941, to June one call, 1941; that I last saw him alive on June 19th, 1941, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	—
Due to Essential hypertension and Arteriosclerosis	4 years 4 "
Due to 9401	
Other conditions (Include pregnancy within 3 months of death) 94	

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)

(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 Dr. G. E. Taber (M. D. or other) L.D.O.

Address 3119 Troost Ave Date signed 6-21-41

(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 Francis Walton, Registered Apprentice No. 2744 working under my personal supervision.

Signed J. K. Rainman

Licensed Embalmer No. 2744

P. O. Address K.P. Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.