

RURAL AUG 16 1941

Registration District No. **379**

Primary Registration District No. **1002**

18
3
2
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:
207 West 51st Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **71 years,** (Specify whether years, months or days)

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. **207 West 51st Street,**
(If rural, give location)

(e) Citizen of foreign country? **X** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Edwin Macey Van Guilder,**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18th**
year **1941** hour **7:30** minute **A.** M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Divorced,**

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

7. Birth date of deceased **July 29 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
1-20-41 to **7-18-41**

that I last saw him alive on **7-18-41**
and that death occurred on the date and hour stated above.

8. AGE: Years **71** Months **11** Days **20'**
If less than one day hr. min.

Immediate cause of death:
Cerebral hemorrhage

Due to **arterio-sclerosis**

Due to **Paralysis of 3rd**

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

10. Usual occupation **Retired**

Other conditions **Paralysis of 3rd**
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business **Insurance,**

12. Name **Edwin Van Guilder,**

13. Birthplace **New York,** (City, town, or county) (State or foreign country)

14. Maiden name **Maria I. Macey**

15. Birthplace **Missouri,** (City, town, or county) (State or foreign country)

Major findings:
Of operations **none**

Of autopsy **none**

16. (a) Informant **Miss Ida Van Guilder,**

(b) Address **207 West 51st St., Kansas City, Mo.**

17. (a) **Burial,** (b) Date thereof **7-21-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery,**

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? _____

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **July 18 41** (b) **M. M. Crown**
(Date received by local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **[Signature]** (M. D. or other)

Address **1003 S. W. 12th St., Okla.** Date signed **7/18/41**

Dr. Mathais,
Shuang Bldg
V 5849

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 71 C 720

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.