

0-2  
4-41  
7-39  
X26390

Registration District No. 299

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:  
2917 Flora,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community about 60 years, / (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 048  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2917 Flora,  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country X 13

3. (a) PRINT FULL NAME Mrs. Emma Van Vliet Ford,

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,  
6. (b) Name of husband or wife Frank S. Ford, 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased February 25 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 20 1 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name William Van Vliet,

13. Birthplace Ohio, (City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Hoagland,

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

16. (a) Informant Berenice Ford,

(b) Address 2917 Flora, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 10-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 5235 Gillham-Plaza, Kansas City, Mo.

19. (a) 10/16/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th,  
year 1941 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from 2-5-41  
1941, to 10-14-41 1941;  
that I last saw her alive on 10-13-41 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 8 mos  
Due to Atherosclerosis arteriosclerotic heart disease 93 yrs  
yrs

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

Duration

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? \_\_\_\_\_

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

23. Signature W. H. Kuder (M. D. or other) 1  
Address 1103 Grand Date signed 10/15/41

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

Dr. Wm. F. Kuhn,  
Professional Bldg.,

J R M,

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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 Emery M. Plank

Licensed Embalmer No. 1848

P. O. Address Kansas City

**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.**