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4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40954

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4632

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,

(c) Name of hospital or institution: 1107 East Linwood,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years, (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dr. Leslie A. Vandiver,

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Frances Vandiver 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased May 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>			<u>0</u> hr. <u>0</u> min.

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

10. Usual occupation Dentist.

11. Industry or business X

12. Name Unknown.

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

14. Maiden name Unknown,

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

16. (a) Informant Mrs. Frances Vandiver,

(b) Address 1107 E. Linwood, Kansas City, Mo.

17. (a) Removal, (b) Date thereof 12-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Missouri,

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

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

19. (a) Dec. 13, 1941 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

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. 1107 East Linwood,  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12 12th  
year 1941 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him/her on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Relational Hypertension  
Hypertensive Myocardial

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 110 f  
Of autopsy \_\_\_\_\_

22. If death was due to external cause, 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? \_\_\_\_\_

23. Signature Dr. Leslie A. Vandiver (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address 1107 E. Linwood Date signed \_\_\_\_\_

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

28  
33  
8

048  
3  
8

10

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Zelling or Dr. Beach

**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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 1415

P.O. Address 15 C. 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: —