S. No. 2
I—4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1466

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 64

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 3334 Tracy 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3334 Tracy
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wm Veach
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 1
5. Color or race Wh
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 30 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
82	7	4	hr. min.

9. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation Second Hand
11. Industry or business Furniture dealer
FATHER
12. Name George Veach
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Phoebe J Burdick
15. Birthplace (City, town, or county) Pa 1 (State or foreign country)
16. (a) Informant Mrs Daisie Gibbons
(b) Address 3334 Tracy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director Mrs C L Forster
(b) Address 918 Brooklyn
19. (a) Jan 6 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1942 hour 7 minute 35 a M.
21. I hereby certify that I attended the deceased from Dec. 6th, 1942, to Jan. 4th, 1942;
that I last saw him alive on Jan. 3rd 1942, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Bright Disease	7 yrs
Due to Chronic Nephritis as stated or Bright disease	
Due to	
Other conditions — (Include pregnancy within 3 months of death) ~~131 a~~	
Major findings: Of operations — 131 b	
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 Horatio Jones MDO (M. D. or other)
Address 3012 De Groff Way Date signed Jan 6 42

(Licensed Embalmer's Statement on Reverse Side)

3012 De Brady Way
Va 4197

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address N.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.