No. 2
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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

State File No. 5680

FILED MAR 9 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 558

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K C Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 3 years! 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. 1009 Bales
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME Geo. H. Vanderpool

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Ma

5. Color or race Wh

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

6. (b) Name of husband or wife Ida Mae

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

7. Birth date of deceased July (Month) 2 (Day) 1865 (Year)

8. AGE: Years 76 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Ray Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James K Vanderpool
13. Birthplace Ray Co Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Percella Bales
15. Birthplace Ray Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Opel Anderson
(b) Address 1009 Bales

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Ketterlin
(b) Address 2657 Indp Mo

19. (a) 2/8/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7
year 1942 hour 11 30 minute a M.

21. I hereby certify that I attended the deceased from 2/10, 1939, to 2/7, 1942
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia (Bilateral)	
Due to Arterio Sclerosis	
Due to Ch. Myocarditis 9 3 D	
Other conditions (Include pregnancy within 3 months of death)	
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 [signature] (M. D. or other) MD
Address 10307 Indepave Date signed 2/8/42

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Harry E Jelley

Licensed Embalmer No.....4078

P. O. Address.....Kan. City, Kans.

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.