

FILED JUL 17 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City

(c) Name of hospital or institution: 3212 Norledge -Conv. Home 4

(d) Length of stay: In hospital or institution: 20 Years

In this community: 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3

(d) Street No.: 5011 E. 7th 8

(e) Citizen of foreign country? No (Yes or No) 0

3. (a) PRINT FULL NAME: LOO B. VAN FOSSEN

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Fe. / 5. Color or race: White

6. (a) Single, widowed, married, divorced, or widow: 2 divorced, Widow

6. (b) Name of husband or wife: Albert M.

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

7. Birth date of deceased: June 13, 1852

8. AGE:	Years	Months	Days	If less than one day
	90	0	23	hr. min.

9. Birthplace: Pa. 1

10. Usual occupation: Physician

11. Industry or business: Self

12. Name: Jan Van Cise

13. Birthplace: Pa. 1

14. Maiden name: Olive Delaquick

15. Birthplace: Unknown 9

16. (a) Informant: Mrs. Eloise Hoey

(b) Address: Pleasant Hill, Mo.

17. (a) (b) Date thereof: July 9, 1942

(c) Place: burial or cremation: Pleasant Hill,

18. (a) Signature of funeral director: C. H. BLACKMAN & SON, INC.

(b) Address: Kansas City, Mo.

19. (a) 7-7-42 (b) Mr. M. Browne

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6

year 1942 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 1, 1942 to July 6, 1942

that I last saw him alive on July 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis

Due to: 131 a

Other conditions: no

Major findings: no

Of autopsy: no

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Chas. S. Nelson M.D. (M. D. or other)

Address: 3626 Judy Ave Date signed: 7-7-42

Duration: 6 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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..... *B. A. Blackman*.....

Licensed Embalmer No. *224*.....

P. O. Address.....

**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.**