

V. S. No. 2
 50M-5-42
 Rev. 5-17-39
 X 32873

40016

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 31 1942 49

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4783

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

1. PLACE OF DEATH: Jackson
 (a) County _____
 (b) City or town. Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K.C. General Hospital No. 1 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 days
 In this community 40 yrs
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED: Jackson 48
 Missouri 33
 (a) State _____ (b) County _____
 (c) City or town. Kansas City 9
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3828 Askew
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Angeline Van Horn
 3. (b) If veteran, name war No
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 20th
 year 1942 hour 1:00 A.M. minute _____ M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive, years
 7. Birth date of deceased Dec 14, 1853
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-28-42 to 12-20-42
 er 12-20-42
 that I last saw h. alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months X Days 6 If less than one day
 hr. _____ min.
 9. Birthplace. Wisconsin 1
 (City, town, or county) (State or foreign country)

Immediate cause of death. CEREBRAL HEMORRHAGE
 Due to 83a
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy See above

10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Joseph King
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

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) _____ (e) Means of injury _____

16. (a) Informant Charles La Bough
 (b) Address 3828 Askew
 17. (a) Burial (b) Date thereof 12-23-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenlawn - Delmar St
 18. (a) Signature of funeral director [Signature]
 (b) Address _____
 19. (a) 12-22-42 (b) M. M. Browne
 (Date received local registrar) (Registrar's signature)

23. Signature Quincy R. Shaw (M. D. or other)
 Address Med. Dir. K.C. General Hospital Date signed _____

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.....

Francis Walton....., Registered Apprentice No. *2744*
working under my personal supervision.

Signed: *J. H. Ferguson*.....
Licensed Embalmer No. *2744*
P. O. Address *K. E. J. D.*.....

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.