V. S. No. 2
50M—5-42
Rev. 5-17-39
Form I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9340

State File No.

FILED MAR 20 1943

Registration District No. 1439 Primary Registration District No. 1002 Registrar's No. 1132

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: Conley Clinical Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community Non-Resident 3 days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cass
(c) City or town: Creighton
(If outside city or town limits, write "RURAL")
(d) Street No.: R. R. #3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John Edwin Veach

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

3. (c) Social Security No.: None

4. Sex: Ma

5. Color or race: Wh

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

6. (b) Name of husband or wife: Lula Veach

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: February (Month) 18 (Day) 1891 (Year)

8. AGE: Years 52 | Months 0 | Days 20 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER
12. Name: Wm. Veach
13. Birthplace: No Record (City, town or county) 9 (State or foreign country)
14. Maiden name: Harriett Canada
15. Birthplace: No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. Lula Veach
(b) Address: R #3 Creighton, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Creighton, Mo.

18. (a) Signature of funeral director: J W Wagner
(b) Address: Kansas City, Mo.

19. (a) 3-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1943 hour 4: minute 35 AM.

21. I hereby certify that I attended the deceased from March 4-4, 1943, to March 8-43, 1943 that I last saw h. alive on March 7-43, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	
Due to: Cardiac insufficiency	
Due to: Toxemia from ruptured appendicitis	
Other conditions (Include pregnancy within 3 months of death): 12.1.1	

Major findings:
Of operations: Ruptured gangrenous appendicitis with peritonitis.
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: Chas. L. Lyons D.O. (M.D. or other)
Address: Chambers Bldg. K.C. Mo. Date signed 3-8-43

361 (Licensed Embalmer's Statement on Reverse Side)

FEB 9 1956

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 Cecil P. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.