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FILED MAR 17 1943

Registration District No. 447

Primary Registration District No. 5569

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Brookings
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9503 E 69th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Rural - Brookings ¹
(If outside city or town limits, write "RURAL")

(d) Street No. 9503 E 69th Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Marvin LeRoy Van Buren

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1943 hour 9 minute A M.

4. Sex male 5. Color or face white

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

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

7. Birth date of deceased December 11 - 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Feb 11 1943 to 2-14 - 1943
that I last saw him alive on 2-13-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia ^{Duration 2/8/43}

8. AGE: Years Months Days If less than one day

0	2	3	— hr. — min.
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Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Armon H Van Buren

13. Birthplace Hatfield Ill
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Neal

15. Birthplace Clinton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Armon H. Van Buren

(b) Address 9503 E 69th St - R#3 Hickman Mills Mo

17. (a) Burial (b) Date thereof Feb 16 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frank Mills Cemetery

18. (a) Signature of funeral director E. C. Stogert

(b) Address Raytown Mo

19. (a) Feb 10 1943 (b) Mrs. G. E. Jarvin
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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? _____ Means of injury _____

23. Signature Deodore Lomax (M. D. or other) ^{Dr.}
Address Raytown, Mo Date signed 2/15/43

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

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.....

Clark Hegert

Licensed Embalmer No. *3983*

P. O. Address *Raytown, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10491

Registration District No. 147

Primary Registration District No. 0569

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Marvin Le Roy VanBuren

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 11 1918
(Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 11 (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 11 Year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death bronchial pneumonia

Due to _____ Duration 2/8/43

Due to _____

Other conditions None (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Richard G. Gorman M.D. or other _____ Address Raytown, Mo. Date signed 4/29/43

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

SUPPLEMENTARY

