

FILED JUN 30 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2684

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:  
RESEARCH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution HOSPITAL 7 days  
(Specify whether years, months or days) 7 DAYS

8. (a) PRINT FULL NAME DAVID WILMOT VANATTA

3. (b) If veteran, name war - 3. (c) Social Security No. None

4. Sex MALE 5. Color or Race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife NOIRA VANATTA 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased DEC 17 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 26 If less than one day hr. min.

9. Birthplace PA. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED GROCERYMAN

11. Industry or business GROCERY STORE

12. Name JOHN G VANATTA

18. Birthplace PA. 1  
(City, town, or county) (State or foreign country)

14. Maiden name JANE STEELE

15. Birthplace PA. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs D W. Vanatta

(b) Address Grandview Mo

17. (a) Burial (b) Date thereof June 15 '43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEM.

18. (a) Signature of funeral director E. K. Brown - Sons  
(b) Address Grandview Mo

19. (a) 6-14-43 (b) H. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town GRANDVIEW  
(If outside city or town limit - write "RURAL")  
(d) Street No. 101  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 13<sup>th</sup>  
year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 7<sup>th</sup> 1943, to June 13<sup>th</sup> 1943  
that I last saw him alive on June 13<sup>th</sup> 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Empyema

Due to Pneumonia

Due to 101

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Chest found with Pus

Of autopsy ✓

Duration

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 J. A. [Signature] (M. D. or other) Address 578 [Address] Date signed 6/14/43

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

*A. H. George*

Licensed Embalmer No.

*3645*

P. O. Address

*Grandview, 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, above space should be left blank.**