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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 47107  
Registrar's No. 5197

LED DEC 22 1943  
Registration District No. 149

Primary Registration District No. 1002

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

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: K. C. General Hospital No. 1 Outpatient Dept.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Virgie Northam  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex female 5. Color or race w  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Des.  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Jan. 30, 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 8  
If less than one day hr. min.  
9. Birthplace Trenton Mo. O.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business  
MOTHER FATHER { 12. Name Daniel Van Winkle  
13. Birthplace unknown  
14. Maiden name Mary Cash  
15. Birthplace Des Moines Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clemma Snyder  
(b) Address 4008 Holly  
17. (a) Removal (b) Date thereof 12-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Park R.C.A.  
18. (a) Signature of funeral director Dubin & Proben  
(b) Address K. C. Mo.

19. (a) 12-9-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town 911 W. 88 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 8  
year 1943 hour minute M.  
21. I hereby certify that I attended the deceased from Nov 30, 1943 to Dec 8, 1943

that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Hemorrhage Duration

Due to 836  
Due to

Other conditions (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) Means of injury  
23. Signature Henry R. Shorn (M. D. or other) 12-8-43  
Address Med. Dir. Gen'l Hosp. Date signed

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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.....

Licensed Embalmer No.....

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.**