

FILED JAN 19 1944

Registration District No.

Primary Registration District No.

Registrar's No.

5570

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Trinity Lutheran
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution two weeks
 (Specify whether
 In this community 38 years
 years, months or days)

3. (a) PRINT FULL NAME

Charles Van De Berghe

3. (b) If veteran,

name was

None

3. (c) Social Security

No. 496-01-920

4. Sex male 5. Color or race wh
 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife Mrs Mary Josephine
 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased Dec 8th 1905
 (Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 18
 If less than one day
 hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business

12. Name Caeser Van De Berghe
 13. Birthplace Belgium
 (City, town, or county) (State or foreign country)
 14. Maiden name ELPHRASEA Boone
 15. Birthplace Belgium
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rose Van De Berghe
 (b) Address 4527 Ash K.C. Kansas

17. (a) Interred (b) Date thereof Dec 28 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Shamee Kans

18. (a) Signature of funeral director Gates Funeral Home
 (b) Address 1901 Olathe Blvd. K.C. Kans.

19. (a) 12-28-43 (b) D. C. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Juandotte
 (c) City or town Kansas City Kansas
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4527 Ash
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
 year 1943 hour 6.00 minute A M.

21. I hereby certify that I attended the deceased from
Dec 1943 1943 to Dec 26 1943
 that I last saw him alive on Dec 25 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Bronchial Pneumonia 7 days

Due to Ch. Pulmonary Tuberculosis ?

Due to 114e

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy see above

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 0

23. Signature [Signature] (M. D. or other)
 Address 1401 S. M. Blvd Date signed 12/26/43

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.