

FILED MAY 11 1944
1949

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 1974

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:
3722 Gardner
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3722 Gardner
(If rural, give location)

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

3. (a) PRINT FULL NAME Adolph VAN BEELAERE

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1944 hour 10:30 minute A.M.

4. Sex Male 5. Color or race Wht

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Aug 5 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 18 1943 to April 29 1944
that I last saw him alive on April 29 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 9 Days —
If less than one day hr. min.

Immediate cause of death Hepatic carcinoma

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

Due to cardiac decompensation

10. Usual occupation Truck Gardner

Due to abdominal ascites

11. Industry or business Farming

Other conditions —
(Include pregnancy within 3 months of death)

12. Name Fredrick Van Beelaere

Major findings: Of operations 468

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

Of autopsy —

14. Maiden name Anna Dora

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

16. (a) Informant August Van Beelaere

17. (a) Burial (b) Date thereof May 8 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director Kettelin

(b) Address 2657 Ingersoll

19. (a) 5-6-44 (b) M. E. Brown
(Date received local registrar) (Registrar's signature)

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 9

23. Signature M. E. Brown (of D. or other) D.O.

Address..... Date signed 5/6/44

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

MOTHER FATHER

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 F. S. Walton

Licensed Embalmer No. 2744

P. O. Address 3030 Harrison

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.