

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13906  
1832  
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

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:  
3809 Fuller /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40yrs (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 5  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 3809 Fuller  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no 0

3. (a) PRINT FULL NAME Fred W. VanWie  
(b) If veteran, name war no  
(c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 24th  
year 1944 hour 3 minute 30P M.  
21. I hereby certify that I attended the deceased from April 22, 1944, to April 24, 1944, that I last saw him alive on April 24, 1944, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Susie VanWie 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Jan 15th 1860 (Month) (Day) (Year)

Immediate cause of death Respiratory Paralysis  
Due to Cerebral Hemorrhage 2 days  
Duration  
Due to Hypertension 20 years  
Due to Arterio Sclerosis 20 years

8. AGE: Years Months Days If less than one day  
84 3 9 hr. min.

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

10. Usual occupation Retired

11. Industry or business Railroad Agent

12. Name Nelson VanWie

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

14. Maiden name Mary C. Powers

15. Birthplace White Creek Wis (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Susie VanWie

(b) Address 3809 Fuller

17. (a) Burial (b) Date thereof April 26th 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookling Cemetery

18. (e) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd

19. (a) 4-26-44 (b) D. E. Brown (Date received local registrar) (Registrar's signature)

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

Major findings: Of operations 83a  
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 Carl T. Munn (M.D. or other) DO  
Address 6508 E. 37th K.C.M.O. Date signed 4-26-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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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 *Glen E. Heck*.....

Licensed Embalmer No. *4063*.....

P. O. Address *1800 Junewood Pl*.....

**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.**