

No. 2
3-13
17-39
X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20920

State File No.

FILED JUL 15 1944
749

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2708

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
714 E 9th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution unk (Specify whether
In this community unk years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

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

(d) Street No. 714 E 9th St
(If rural, give location)

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

3. (a) PRINT FULL NAME Earl Vance

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased 1895
(Month) (Day) (Year)

8. AGE: Years 49 Months Days If less than one day
hr. min.

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

10. Usual occupation Salmon

11. Industry or business Bevil

12. Name Earl Vance

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

14. Maiden name Fannie

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

16. (a) Informant Mrs. H. S. Peet

(b) Address Norman Hotel 5012111

17. (a) Removal (b) Date thereof 7-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Georgetown Ky

18. (a) Signature of funeral director Paschalis Bros.

(b) Address Kansas City mo

19. (a) 7-5-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 4
year 1944 hour 5 minute 17 A.M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h. Deputy Coroner on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary congestion

Due to Hypertrophy of the heart

Due to ASC

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

Major findings:
Of operations _____
Of autopsy see above

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) (Specify type of injury)

23. Signature A. E. Walker (M. D. or other) M.D.
Address 23rd & McJay Date signed 7/5/44

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

NOV 29 1944

MAY 8 1945

JUL 18 1944

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.....

Park C. Rowe

Licensed Embalmer No.....

2847

P. O. Address.....

K.C. 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, fact should be so stated above.