

FILED NOV 14 1944
1949

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4377

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:
908 N. Missouri
(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. 908 N. Missouri
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME YVONNE M. CAENEPEEL
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cyril Caenepeel
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased April 7 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 5 921 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Constant Willait
13. Birthplace Belgium
(City, town or county) (State or foreign country)
14. Maiden name Conrad Fudaris
15. Birthplace Belgium
(City, town or county) (State or foreign country)

16. (a) Informant Cyril Caenepeel

(b) Address 908 N. Missouri

17. (a) Buried (b) Date thereof 11-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary

18. (a) Signature of funeral director Attalus

(b) Address 2457 Judson

19. (a) 10-31-44 (b) N.E. Brown
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1944 hour 6:42 minute _____ M.
21. I hereby certify that I attended the deceased from Oct. 24
1944 to Oct. 28 1944
that I last saw her alive on Oct. 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac failure
Due to Cardiac decompensation

Due to _____
Other conditions (Include pregnancy within 3 months of death) 950

Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury _____
23. Signature Charles Himmels or other D.O.
Address 5717 Hollister Date signed 10-30-44

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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... *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.