V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

Registration District No. 749

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33466

Registrar's No. 3952

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:
Trinity Lutheran 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether
In this community 22 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 5620 Woodland
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sarah Elizabeth VanMeter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Abraham VanMeter

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December (Month) 9 (Day) 25 (Year) 1876

8. AGE: Years 67 Months 9 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Alma (City, town, or county) Missouri (State or foreign country) 10

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Duke Young Prigmore
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country) 9

16. (a) Informant Farris VanMeter

(b) Address Alma Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 1 (Month) (Day) 1944 (Year)

(c) Place: burial or cremation Corder Missouri

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City Mo.

19. (a) 10-2-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1944 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Sept 30 1942, 19__, to ___, 19__;
that I last saw him alive on Oct 1, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 hr.
Due to: Arteriosclerosis	5 yrs
Due to:	
Other conditions: Myocarditis (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations
Of autopsy
93 d.

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature M. B. Casebolt MD (M. D. or other)

Address 4000 Baltimore Date 10/1/44

(Licensed Embalmer's Statement on Reverse Side) K-E-Mo.

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 Cecil P. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.