

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. Woodlea Hotel, 3552 Broadway
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Judge Arba S. Van Valkenburgh

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 0 5. Color or race White 2 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Mrs. Grace Van Valkenburgh 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased August 2 1862 (Month) (Day) (Year)

8. AGE: Years 82 Months 23 Days 22 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Judge

12. Name Lawrence Van Valkenburgh

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

14. Maiden name Sarah Ann Seymour

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

16. (a) Informant Roscoe C. Van Valkenburgh

(b) Address 3644 Askew, Kansas City, Mo.

17. (a) Buried (b) Date thereof 11-7-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-6-44 (b) J. E. Brown (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 4th day 4th year 1944 hour 6:20 minute P. M.

21. I hereby certify that I attended the deceased from January 1919, to November 4, 1944

that I last saw him alive on November 4, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the Pancreas with metastasis Duration 1 yr.

Due to.....

Due to..... 469

Other conditions: Cholelithiasis, Atherosclerosis 20 yrs

Major findings: Of operations

Of autopsy: As above

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 P. T. Bohan D (M. D. or other)

Address 201 Ray Med Bldg Date signed 11/6/44

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

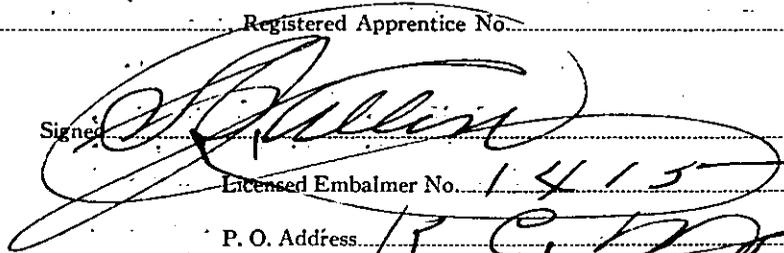
MOTHER FATHER

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed..... 

..... Licensed Embalmer No. 1415

..... P. O. Address 1701 B

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.