

FILED FEB 6 1945
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Memorial Hospital
(d) Length of stay: In hospital or institution 9 days
In this community 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Platte
(c) City or town Rural
(d) Street No. 1 mile East Parkville
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINTED FULL NAME: Camiel De Vriege
(b) If veteran, name war: none
(c) Social Security No. # unknown

20. DATE OF DEATH: Month Jan. day 23
year 1945 hour 6 minute 30 AM
21. I hereby certify that I attended the deceased from Jan. 11 1945 to Jan 23 1945
that I last saw him alive on Jan. 23 and that death occurred on the date and hour stated above.

4. Sex Male Color of hair White
5. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zelma Robinson
7. Birth date of deceased: Aug 16 1913
(Month) (Day) (Year)

Immediate cause of death: Strangulated
Peritonitis
Due to: Peritonitis
Due to: Pulmonary embolism

8. AGE: Years 31 Months 5 Days 7
If less than one day hr. min.

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: Of autopsy:
26

9. Birthplace Turner Kansas
10. Usual occupation Labor Foreman
11. Industry or business Construction work

MOTHER FATHER {
12. Name August De Vriege
13. Birthplace Ruderwaarde Belgium
14. Maiden name Emma Ruzardin
15. Birthplace Ruderwaarde Belgium

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs Zelma De Vriege
(b) Address Parkville Mo
17. (a) Burial (b) Date there Jan 25 1945
(c) Place: burial or cremation St Marys cemetery

23. Signature J. M. [Signature] (M.D. or other)
Address [Signature]

18. (a) Signature of funeral director Selma H. Franck
(b) Address Parkville Mo
19. (a) 1-24-45 (b) N. E. Brown

Miss M^r Cundy

James H. McLaughlin
Frank H. Hays

APR 30 1945

Miss Roberts

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 yes

....., Registered Apprentice No.
working under my personal supervision.

Signed Leland W Francis

Licensed Embalmer No. 3451

P. O. Address Parkeville 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.