

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5302
806
Registrar's No. _____

FILED MAR 3 1945
Registration District No. _____

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

(c) Name of hospital or institution:
8609 Thompson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Jackson Mo 44
(If outside city or town limits, write "RURAL")

(d) Street No. 8609 Thompson 3
(If rural, give location)

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

3. (a) PRINT FULL NAME HORACE LYLE VAN WORMER

3. (b) If veteran, name war World War One

3. (c) Social Security No. 491-20-0409

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1945 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 2-1-1944 19____ to 2/16/45 19____
that I last saw him alive on 2/16/45 19____
and that death occurred on the date and hour stated above.

4. Sex MALE (M)

5. Color or race White

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

6. (b) Name of husband or wife Estelle Edith Van Wormer

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased: Jan 7 1898
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis 3 hrs

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 946

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>1</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace: Osborne Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Office man & Salesman

11. Industry or business: Wachsmuth Prot Co

12. Name: Thomas J. Van Wormer

13. Birthplace: Chillicothe Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Bertha Miller

15. Birthplace: Champaign Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Estelle E Van Wormer

(b) Address: 8609 Thompson

17. (a) Removal (b) Date thereof: _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Osborne Mo

18. (a) Signature of funeral director: Geo. E. Caron

(b) Address: Independence Mo

19. (a) 2-17-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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: Frederick J. Balaban 74-10
Address: 317 Argyle Bldg. Okla Date signed: 2/16/45

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.....

Dean Owens

Licensed Embalmer No.

4280

P. O. Address.....

Indep. 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.