V. S. No. 2
00M—5-43
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 JUN 19 1945

Registration District No. 15

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20548

Primary Registration District No. 5575

Registrar's No. 43

1. PLACE OF DEATH:

(a) County: JACKSON

(b) City or town: "RURAL" Washington Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 mi. N.W. GRANDVIEW (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community: 16 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON

(c) City or town: R.F.D. GRANDVIEW (If outside city or town limits, write "RURAL")

(d) Street No.: 1 mi. N.W. GRANDVIEW (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: ELODIA J. VINCKIER

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: J. L. VINCKIER

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: JAN (Month) 10 (Day) 1878 (Year)

8. AGE: Years 67 | Months 4 | Days 16 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: AT HOME

11. Industry or business:

FATHER
12. Name: (UNK) VANDEWALLE
13. Birthplace: BELGIUM (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: (UNK) GROMENPRASE
15. Birthplace: BELGIUM (City, town, or county) (State or foreign country)

16. (a) Informant: J. L. VINCKIER

(b) Address: GRANDVIEW, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAY 28 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: CALVARY CEM., K.C. MO.

18. (a) Signature of funeral director: C. K. George & Son

(b) Address: Grandview Mo

19. (a) 5/29/45 (Date received local registrar) (b) Dr. Annie S. Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 26 year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from October 17, 1944 to May 26, 1945 that I last saw her alive on May 25, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortic Insufficiency	
Due to: Aortic valvular disease	years
Due to: Arteriosclerosis	
Other conditions: Chronic myocarditis (Include pregnancy within 3 months of death)	
Major findings: Arterial Hypertension.	
Of operations:	
Of autopsy: RW	

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:

23. Signature: Ada B. Rader (M. D. or other) M.D.

Address: Martin City, Mo. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.