. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40305

Registration District No. FILED JAN 9 1946 Primary Registration District No. 1002

Registrar's No. 5207

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: K.C.General Hospital No.10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 ds (Specify whether

In this community 50 years
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")

(d) Street No. 3411 Montgall 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ---

3. (a) PRINT FULL NAME Dewitt Clinton VanStavern

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. MARY E. VANSTAVERN

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased AUGUST (Month) - 10 (Day) - 1857 (Year)

8. AGE: Years 88 | Months 4 | Days 6 | If less than one day ___ hr. ___ min.

9. Birthplace QUINCY (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation RETIRED - 5 YEARS

11. Industry or business PHYSICIAN - M.D.

FATHER
12. Name SAM VAN STAVERN
13. Birthplace UNKNOWN (City, town, or county) PENNSYLVANIA (State or foreign country)

MOTHER
14. Maiden name LIBBIE COVERT
15. Birthplace UNKNOWN (City, town, or county) PENNSYLVANIA (State or foreign country)

16. (a) Informant MRS. MARY E. VAN STAVERN

(b) Address 3411 - MONTGALL AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-19-1945 (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 12-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th year 1945 hour 11:00 A.M. minute M.

21. I hereby certify that I attended the deceased from 12-9-45, 19__, to 12-16-45, 19__; that I last saw him alive on 12-16-45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion

Due to arteriosclerotic heart disease

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 d

Of autopsy See above

Duration

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 Clark W Seely M.D. (M.D. or other)

Address Med.Dir.K.C.Gen.Hospital K.C.O. Date signed

(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 Melvin Miller

Licensed Embalmer No. 4407

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.