S. No. 2
—11-10-39
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3375

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4292

State File No.

Registration District No. 317

Primary Registration District No. 6172

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community Apart 17 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104

(c) City or town Galena 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Route 2 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? about 40 years.

3. (a) PRINT FULL NAME Jean Julian VanDeberge

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex M

5. Color or race Wh

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

6. (b) Name of husband or wife Anne VanDeberge

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March (Month) 9 (Day) 1854 (Year)

8. AGE: Years 91 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Karpen (City, town, or county) Germany (State or foreign country)

10. Usual occupation Doctor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Anne VanDeberge

(b) Address Galena, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 15-46 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Everett J Cheatham

(b) Address Galena Mo.

19. (a) Jan. 19 1946 (Date received local registrar) (b) Mrs. J. Elmer Brosseau (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1946 hour 1130 minute P M.

21. I hereby certify that I attended the deceased from Saw him about 3 hours before death, 19 , to Jan-13-, 1946; that I last saw him alive on Jan 13-, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Vascular Renal disease	15 yrs
Due to Senility	
Due to —	
Other conditions (Include pregnancy within 3 months of death) none.	

Major findings:
Of operations —
Of autopsy —

13/10

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 H. L. Kerr (M. D. or other)

Address Crane Mo Date signed 1-14-46

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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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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, above space should be left blank.