

No. 2  
-5-43  
5-17-39  
I X36671

Registration District No. **149** Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Warrens City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**6432-East 15th Terrace**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1**  
(Specify whether)  
 In this community **35 yrs.**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Warrens City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **6432 E 15th Terrace**  
(If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country

**3. (a) PRINT FULL NAME** **PRIOR, LEE VANBEBBER**  
**3. (b) If veteran,** name war **None**  
**3. (c) Social Security** No. **496-16-1957**

**4. Sex** **Male** **5. Color of** **White**  
**6. (a) Single, widowed, married,** **1**  
**divorced** **Married**  
**6. (b) Name of husband or wife** **Lizzie Vanbaber**  
**6. (c) Age of husband or wife if** **66**  
**alive** **years**  
**7. Birth date of deceased** **Feb. 17 1867**  
(Month) (Day) (Year)

**8. AGE:**

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <b>79</b> | <b>0</b> | <b>10</b> | <b>hr. min.</b>      |

**9. Birthplace** **Craigill Mo. 1**  
(City, town or county) (State or foreign country)  
**10. Usual occupation** **Coal Miner**  
**11. Industry or business** **The Long Coal Co.**  
**12. Name** **Don't Know**  
**13. Birthplace** **Don't Know 9**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Don't Know**  
**15. Birthplace** **Don't Know 9**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Lizzie Vanbaber**  
**(b) Address** **6432 E 15th Terrace**  
**17. (a)** **Burial** **(b) Date thereof** **Mar 1-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Floral Hills**  
**18. (a) Signature of funeral director** **Mrs. L. R. Foster**  
**(b) Address** **R. 9, Mo.**  
**19. (a)** **2-28-46** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Feb.** day **27**  
 year **1946** hour **2 P.M.** minute **2 P.M.**  
**21. I hereby certify that I attended the deceased from** **Feb. 17th 1946 to Feb 27 1946**  
 that I last saw **alive** on **Feb. 27 1946**  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** **Myocardial Regurgitation**  
**Hypertension**  
**Aortic**  
**Due to**  
**Due to**  
**Other conditions**  
(Include pregnancy within 3 months of death)

**Major findings:** **92-B**  
**Of operations:**  
**Of autopsy:**  
**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?**  
**While at work** **(Specify type of place) (e) Means of injury**  
**23. Signature** **J. O. Brown** **(M. D. or other)**  
**Address** **1627 1/2 S. 16th** **Date signed** **2-28-46**

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

MOTHER FATHER

13287 6111

**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 Portland Minor

Licensed Embalmer No. 3414

P. O. Address 918 Broadway

**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.**

*RC MD*