V. S. No. 2
00M—5-43
Rev. 5-17-39
No. 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9459

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1198

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Georgia (b) County 999
(c) City or town Atlanta 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2296 Venetian Drive 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Charles Van Linge

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex M 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased Mch. 10th 1901 (Month) (Day) (Year)

8. AGE: Years 46 ~~16~~ Months 0 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Ga. (State or foreign country)
10. Usual occupation Railway Enterprise
11. Industry or business
FATHER
12. Name Jo. J. Van Linge
13. Birthplace (City, town, or county) Ga. (State or foreign country)
MOTHER
14. Maiden name Martha L. Meyers
15. Birthplace (City, town, or county) Ga. (State or foreign country)
16. (a) Informant H. S. Carmichael
(b) Address East Point Ga.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Atlanta Georgia
18. (a) Signature of funeral director Carroll-Davidson
(b) Address 3024 Troost Ave K.C. Mo.
19. (a) 3-15-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Feb~~ Mar day 12th year 1947 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Shock
Due to Ruptured Bladder
Due to Auto Trauma
Other conditions Auto & pedestrian
(Include pregnancy within 3 months of death)
Major findings: Of operations 1706-8
Of autopsy History & Inspection

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) Accident 123
(b) Date of occurrence 3/12/47
(c) Where did injury occur? Kansas City Mo (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 No (e) Means of injury Trauma

23. Signature A E Upsher (M.D. Coroner)
Address 2800 Main Date signed 3/12/47

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.