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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17658

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2051

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:  
Roanoke Nurseing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community 10 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jefferson 999

(c) City or town McLouth 14  
(If outside city or town limits, write "RURAL")

(d) Street No. none 0  
(If rural, give location) 2

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marion E. Vandruff

3. (b) If veteran, name war None

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 Anna Vandruff

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 26 1872  
(Month) (Day) (Year)

8. AGE: Years 74 Months 09 Days 10

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace McLouth Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name John Vandruff

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Melissa Hunter

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Olivia Linnia  
(b) Address McLouth Kansas

17. (a) Removal (b) Date thereof 5/8/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McLouth Kansas

18. (a) Signature of funeral director H. A. Shelton  
(b) Address McLouth Kansas

19. (a) 5-8-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day six  
year 1947 hour 3 minute 2 M.

21. I hereby certify that I attended the deceased from May 1, 1947  
to May 6, 1947

that I last saw him alive on May 6  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 3 yrs

Duration \_\_\_\_\_

Due to arterio sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations no 93 d

Of autopsy no

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 W. B. Beshelton  
Address 1000 Baltimore Date signed 5/8/47

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

MOTHER FATHER

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**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

*W. M. Sweeney*

Licensed Embalmer No. 3505

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.**