

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

FILED AUG 12 1947

State File No. _____

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Harrisonville Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 22 Days (last term)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass
(c) City or town Harrisonville MO
(If outside city or town limits, write "RURAL")
(d) Street No. 1600 S. Independence
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Emma J. Vandeventer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Arthur H. Vandeventer 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Sept 6 - 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 1 hr. min.

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

10. Usual occupation Home maker

11. Industry or business _____

MOTHER FATHER

12. Name Jacob M. Wilson

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

14. Maiden name Elson

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

16. (a) Informant Arthur H. Vandeventer

(b) Address Harrisonville, MO

17. (a) Anna (b) Date thereof 8/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO

19. Aug. 8, 1947 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1947 hour 8:10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Apr 10 '47
_____ 19 _____ to Aug 7 19 47

that I last saw her alive on Aug 6 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death C.A. of stomach

Due to Senile Debility

Due to _____

Other conditions fracture of P hip
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature David Long (M. D. or other) _____
Address Harrisonville MO Date signed 8/8-47

Duration

PHYSICIAN

Underline cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

18107

DIR. H. AND

APR 9 1959

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.....

Ernest Remmenburger

Licensed Embalmer No. *3368*

P. O. Address. *Harrisonville, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. augRegistration District No. 59Primary Registration District No. 4097Registrar's No. 118

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether
years, months or days)3. (a) PRINT FULL NAME Emma J. Vandewater

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MC

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 6 (Month) (Day) (Year)8. AGE: Years 76 Months _____ Days _____ If less than one day hr. _____ min. _____9. Birthplace _____ (City, town, or county) (State or foreign country) Ill

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: 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) accidental(b) Date of occurrence May 3-47(c) Where did injury occur? at home in kitchen (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? I tripped + fell in her homeWhile at work _____ (Specify type of place) Means of injury fall on floor23. Signature David Bling (M. D. or other)Address Harrisonville Mo Date signed 8/15 47

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

SUPPLEMENTARY

23055

1912