No. 2
4-10-39
5-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23729

FILED JUL 21 1947

Registration District No. 7 Primary Registration District No. 5301 Registrar's No. 47

1. PLACE OF DEATH:

(a) County CLINTON

(b) City or town RURAL SHOAL TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: on Highway 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City Mo 3
(If outside city or town limits write "RURAL")

(d) Street No. 3720 Gardner 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 41 years.

3. (a) PRINT FULL NAME AUGUST VAN BECELAERE

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

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

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

7. Birth date of deceased December (Month) 4 (Day) 1879 (Year)

8. AGE: Years 67 Months 7 Days 3 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired Gardener

11. Industry or business ____

MOTHER FATHER
12. Name Ferdinand Van Becelaere
13. Birthplace ____ (City, town, or county) Belgium (State or foreign country)
14. Maiden name Louise Soelaert
15. Birthplace ____ (City, town, or county) Belgium (State or foreign country)

16. (a) Informant Jennie Bleyenberg
(b) Address 3720 Gardner - K.C. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-10-47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Kansas City Mo

18. (a) Signature of funeral director DeMoss Corunk
(b) Address Lexington Mo.

19. (a) July 8, 1947 (Date received local registrar) (b) Winifred W. Moser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 7 year 1947 hour 10 minute 10 A.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 SKULL FRACTURE ACCIDENT — Duration

Due to AUTOMOBILE COLLISION WITH ANOTHER AUTOMOBILE (Land transport)

~~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) accident

(b) Date of occurrence July 7, 1947

(c) Where did injury occur? RURAL (City or town) CLINTON (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? PUBLIC HIGHWAY 69 (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature A. P. Templeman, Coroner (M. D. or other)

Address Cameron Mo Date signed 7/7/47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

AUG 1 1947

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 L. O. Richesson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.