

No. 2  
-12-45  
5-17-39  
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38481**  
Registrar's No. **5094**

FILED DEC 15 1947

Registration District No. **199**

Primary Registration District No. **1002**

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

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 Nursing Home 4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 Months**  
(Specify whether years, months or days)  
In this community **10 Years**

3. (a) PRINT FULL NAME **Melissa Anna Van Druff**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**  
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **Sept. 12 1872**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **2** Days **17** If less than one day hr. min.

9. Birthplace **Valley Falls Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **Joshua Van Druff**

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

14. Maiden name **Mary L. Lynch**

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

16. (a) Informant **C.R. Van Druff**

(b) Address **Mc Louth Kansas**

17. (a) **Recover 1** (b) Date thereof **12-1-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mc Louth Kansas**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Kansas City Kansas**

19. (a) **12-3-47** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Jefferson 999**  
(c) City or town **Mc Louth 14**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No) **2**  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **29**  
year **1947** hour minute M.

21. I hereby certify that I attended the deceased from **Jan 1947** to **Nov 29 1947**  
that I last saw her alive on **Nov 11 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **5 yrs**

Due to **Hypertension** **5 yrs**

Due to **arteriosclerosis** **10 yrs**

Other conditions **Arteriosclerosis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **no**

Of autopsy **no** **93**

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 **[Signature]** (Date) **12-2-47**  
Address **4000 Baltimore**

**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

*R. A. Fulton*

Licensed Embalmer No.

*2503*

P. O. Address

*W. K. Kausser*

**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.