

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5128

State File No. _____
Registrar's No. 657

Registration District No. 149 Primary Registration District No. 1002

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location) 2 days
(d) Length of stay: In hospital or institution 44 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4635 Madison 8
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lydia C. VanWickel
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 12th
year 1948 hour 7 minute 25 A. M.
21. I hereby certify that I attended the deceased from 2-10-48 19____ to 2-12-48 19____;
that I last saw h. er alive on 2-12-48 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife John W.
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased 4 28 1878
(Month) (Day) (Year)

Immediate cause of death Cavernous sinus thrombosis
not confirmed
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 10/15

8. AGE: Years 76 Months 7 Days 14
If less than one day hr. _____ min. _____

Major findings: Of operations _____
Of autopsy None
Underline the cause to which death should be charged statistically.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name noble
13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Martha Cole
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edith VanWickel
(b) Address 2225 4635 Madison

17. (a) Removal (b) Date thereof 2-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Park 5 Chapel

18. (a) Signature of funeral director Edith VanWickel
(b) Address 146 Municipal Bldg

19. (a) 2-13-48 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Ed. Dir. K.C. Gen. Hospital (M. D. or other) MA
Address K.C. Mo. Date signed _____

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

Answer

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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 *O. H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Kansas*

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.