S. No. 300
M—10-47
r. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13037 12937
Registrar's No. 1712

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: 519 North Agnes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 27 years
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. 519 North Agnes 8
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOHN VAN HOECKE

3. (b) If veteran, name war no
3. (c) Social Security No. 486-10-7113

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Augusta Van Hoecke
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April 8 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	0	10	hr. min.

9. Birthplace Belgium 4
(City, town, or county) (State or foreign country)
10. Usual occupation Empire Cold Storage
11. Industry or business

FATHER
12. Name No record
13. Birthplace Belgium 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace Belgium 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Augusta Van Hoecke
(b) Address 519 North Agnes
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Murk & Tobin Co
(b) Address 20 West Linwood
19. (a) 4-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 18th day April
year 1948 hour 6:35 minute P M.
21. I hereby certify that I attended the deceased from Jan 1, 1948, to April 18, 1948
that I last saw him alive on April 18, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Schematic Endocarditis of Aortic Stenosis Rheumatic 10 yrs	
Due to Congenital Defects of Aortic Valve	
Due to Hydrothorax Left Chronic Adhesive Pleurisy Rt	
Other conditions Diabetes (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
Of autopsy As Above

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature R L St Clair (M. D. or other)
Address 5242 St John Date signed 4/19/48

(Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.