

FILED JUN 26 1948  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2573

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:  
3619 EUCLID AVENUE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 48 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3619 EUCLID AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. HARRISON CHARLES VAN INWAGEN

3. (b) If veteran, name war No 3. (c) Social Security No. 712-14-9314

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. FERN L. VAN INWAGEN 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased JULY 11 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 10 6 hr. min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED - 2 YEARS RAILWAY EMPLOYEE  
(Includes pregnancy within 3 months of death)

11. Industry or business MESSANGER - RAILWAY EXPRESS AGENCY

12. Name HARRISON OTIS VAN INWAGEN

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

14. Maiden name MARTHA MARIA ALDRICH

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

16. (a) Informant MRS. FERN L. VAN INWAGEN

(b) Address 3619 EUCLID AVENUE

17. (a) BURIAL (b) Date thereof JUNE 19 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director D. W. McNeenan's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 6-19-48 (b) Thereldine Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17<sup>TH</sup>  
year 1948 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from 3-15  
48, 1948, to 6-17, 1948  
that I last saw her alive on 6-12, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Due to Coronary artery disease & thrombosis  
Due to thrombosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 6 942

Of autopsy 0

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO  
(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 Thompson (M. D. or other) \_\_\_\_\_  
Address 800 Argyle Road Date signed 6-17-48

000 copy & bidg.

---

---

**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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address H. C. 4 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.**