No. 300
1—10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19706
Primary Registration District No. 1002
Registrar's No. 2515

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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days)
In this community: 48 years

2. USUAL RESIDENCE OF DEACESED:
(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.: 119 E. 79th Terrace 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: GEORGE W. VEACH
3. (b) If veteran, name war: No
3. (c) Social Security No. 487-16-8040
4. Sex: Ma 0
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Kathryn Fox Veach
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: February (Month) 27 (Day) 1870 (Year)

8. AGE: Years 78 | Months 3 | Days 19 | If less than one day ___ hr. ___ min.

9. Birthplace: Gardner (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation: Retired Foreman
11. Industry or business: United Warehouse
MOTHER FATHER
12. Name: Hezekiah Veach
13. Birthplace: (City, town, or county) Pa. (State or foreign country) 1
14. Maiden name: No Record
15. Birthplace: " " (City, town, or county) (State or foreign country) 9
16. (a) Informant: Mrs. Kathryn Fox Veach
(b) Address: 119 E. 79th Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Gardner, Kansas
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 6-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th year 1948 hour 3: minute 35 PM.
21. I hereby certify that I attended the deceased from May 1, 1948, to June 16, 1948, that I last saw him alive on June 16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	7
Due to Hypertensive heart disease and arterio-sclerosis	7
Due to obliterating endarteritis L. leg.	2 mos
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 93d
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)
(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

23. Signature: Wm R. Jackson (M. D. or other) MD
Address: 1107 Bryant B Date signed: 6/17/48

(Licensed Embalmer's Statement on Reverse Side)

Report by
VI-0848

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

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.