No. 300
10-47
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3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 25 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30002

Registrar's No. 3751

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1yr 2 mos. 3 days (Specify whether
In this community 37 yrs.
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. 2733 Troost
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Leonard Van Lieu

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Sarah Florence

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased September (Month) 17 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	11	25	hr. min.

9. Birthplace Knobnoster, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Ice man

11. Industry or business Kansas City Ice Company

FATHER
12. Name William Vanlieu
13. Birthplace Knobnoster, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Howe
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Odelia Chanslor

(b) Address 2733 Troost

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14 '48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address 1800 E. Linwood

19. (a) 9-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1948 hour 7 minute 55 A. M.

21. I hereby certify that I attended the deceased from July 9, 1947, to Sept. 12, 1948, that I last saw him alive on Sept. 12, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pyelonephritis-Uremia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1330	
Major findings: Of operations	
Of autopsy See 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

23. Signature Wm W. Hart (M. D. on other) MD

Address Med. Dir. Gen'l Hosp. Date signed 9-13-48

(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.....

Licensed Embalmer No. 2999

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.