

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37557**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4944</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>NEW YORK</u> b. COUNTY <u>QUEENS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>6 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEW YORK CITY</u>		1191 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KANSAS CITY GENERAL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>VAN COURTLAND HOTEL</u>			
3. NAME OF DECEASED (Type or Print) <u>SHAN</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-18-1949</u>	
8. DATE OF BIRTH <u>JAN. 13. 1912</u>		9. AGE (In years last birthday) <u>37 YEARS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NERALIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGENT - CHICAGO, ILL</u>	
11. BIRTHPLACE (State or foreign country) <u>AMSTERDAM HOLLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>HOLLAND</u>		13a. FATHER'S NAME <u>JAN VOGEL SR</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS. SUJANNE VOGEL</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>ANNA DE VRIES</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>History Infection</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no real result</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>circus</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New York City Jackson MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-18-49 - 11:00 P.M.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>fell from ropes</u>				123	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at <u>11:50 P.M.</u> on _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens</u>				23b. ADDRESS <u>10306 Nichols Blvd</u>		23c. DATE SIGNED <u>11-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV-21-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEWCOMER'S VAULTS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>11-21-49</u>		REGISTRAR'S SIGNATURE <u>Clairdine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>		ADDRESS <u>1331 BRUSHCREEK BLVD KANSAS CITY, MO.</u>	

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

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4192

P. O. Address Kansas City

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.