

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

39166

Do not use this space.

847

REC'D DEC 19 1938

## 1. PLACE OF DEATH

(a) County Greene <sup>2</sup> Registration District No. 318  
 (b) Township 1 Primary Registration District No. 2001  
 (c) City Springfield, Mo. Street No. 231 E. Division St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME <sup>592</sup> Mrs. Anna M. Van Dyke

(a) Residence, No. 231 E. Division St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Van Dyke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 66 1 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cameron  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME George L. Kost  
 14. BIRTHPLACE (CITY OR TOWN) Pennsylvania  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Henderson  
 16. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

17. INFORMANT Edward Van Dyke  
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Nov. 13 1938

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer  
 (ADDRESS) Springfield, Mo.

20. FILED Nov 13 1938 Chas. A. George, M.D.  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1938, to Nov 11, 1938  
 I last saw him ~~her~~ alive on Nov 11, 1938. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Hypertension, arteriosclerosis, diabetes mellitus

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_  
 (Signed) Emmett L. Powell, M. D.

(Address) Springfield, Mo.  
231

**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, .....

*M J Canaday*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*M J Canaday*

Licensed Embalmer No. *3434*

P. O. Address *Springfield, 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, above space should be left blank.**