No. 2
1-13-40
-17-39
X23159

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

FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24417

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3027

1. PLACE OF DEATH:

(a) County Jackson 2

(b) City or town Kansas City 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Little Sisters of the Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community Non-Resident years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Kansas (b) County Johnson

(c) City or town Shawnee
(If outside city or town limits, write "RURAL")

(d) Street No. Shawnee, Kansas
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Hector Van Steelandt 523

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife ------

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

7. Birth date of deceased August (Month) 4 (Day) 1876 (Year)

8. AGE: Years 63 Months 11 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation None 1

11. Industry or business 7

FATHER
12. Name Christian Van Betellant 7
13. Birthplace (City, town, or county) Belgium (State or foreign country) 11

MOTHER
14. Maiden name Philomena Lefevre
15. Birthplace (City, town, or county) Belgium (State or foreign country)

16. (a) Informant Paul Van Lenberg
(b) Address Shawnee, Kansas

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation Shawnee, Kansas

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kansas

19. (a) July 29, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1940 12 hour 30 minute P M.

21. I hereby certify that I attended the deceased from July 19, 1940, to July 28, 1938 that I last saw him alive on July 27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decomposition	5 day
Myocarditis	
Due to Generalized arteriosclerosis	- year
Due to 95 P	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy no

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) 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? (Specify type of place)
— While at work? (e) Means of injury 1

23. Signature John T. Skinner (M. D. or other) MD
Address 1402 Bryant Bldg. Date signed 7-29-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Skinner
Professional Bldg.
2-5

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 D Ross Blanford

Licensed Embalmer No. 4C15

P. O. Address 4148 State Line

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

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