

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28721

SEP 16 1940
Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 212

1. PLACE OF DEATH:

(a) County Johnson (Blue Rural)
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1420 So. Dodge St. (Blue) W.P.
(If not in hospital or institution, write street number or location)
(d) Length of stay: 43 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Jose Henry Van Vleck

8. (b) If veteran, name war none 8. (c) Social Security No. none

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 April 20 1882
(Month) (Day) (Year)

8. AGE: 58 Years 4 Month 0 Days If less than one day _____ hr. _____ min.

9. Birthplace Amsterdam N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business none

12. Name Jose H. Van Vleck

13. Birthplace Port Byron N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Sturges

15. Birthplace Island
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Chas. Van Vleck

(b) Address Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/40
(Month) (Day) (Year)

(c) Place: burial or cremation St. Washington

18. (a) Signature of funeral director George C. Austin

(b) Address Independence, Mo.

19. (a) Aug. 23-40 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1703 Claremont
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20
year 1940 hour 7:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug. 14
_____ 1940 to Aug. 20, 1940
that I last saw him alive on Aug. 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
terminal of bronch
Due to ischemia

Due to _____
Other conditions Cretinism
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

360 While at work? (Specify type of place) (e) Means of injury _____
23. Signature Blair Gray (M. D. or other) _____
Address Independence Mo Date signed Aug 24

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

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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 Ralph E. Miller

Licensed Embalmer No. 4124

P. O. Address Indianapolis, 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.