

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34807

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1066

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

1. PLACE OF DEATH: Buchanan

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 203 East Missouri Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life
years, months or days

3. (a) PRINT FULL NAME Olin H. Van Deventer

3. (b) If veteran, name war none

3. (c) Social Security No. 495-01-8702

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helena Van Deventer 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 16, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business Swift & Co.

12. Name Olin E. VanDeventer

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Carrie B. Braasdale

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

16. (a) Informant Mrs. Helena Van Deventer

(b) Address 203 E. Missouri Ave.

17. (a) Burial (b) Date thereof Oct. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave.

19. (a) Oct 9, 1940 (b) H. H. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 203 E. Missouri
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8th
year 1940 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Oct 8th 1940 to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to 92N

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

Duration _____

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? 85

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

23. Signature B. W. Tadlock Coroner 5
(M. D. or other) _____
Address King Hill Bldg. St. Joseph Date signed 10/9/40

JUL 12 1943

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, ~~on~~ Oct. 8, 19

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

Signed 

Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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, fact should be so stated above.