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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42809**
Registrar's No. **213**

REC'D JAN 25 1940

Registration District No. **400**

Primary Registration District No. **555318**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution **Jackson County Home for the aged & infirm**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 yrs 4 mos**
(Specify whether)

In this community **3**
years, months or days

3. (a) PRINT FULL NAME **William E Vose**

3. (b) If veteran, name war **No** **3. (c) Social Security No.** **No**

4. Sex **m** **5. Color or race** **W**

6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife **Unknown** **6. (c) Age of husband or wife if alive** **✓** **years**

7. Birth date of deceased **5 31 1862**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	6	16	hr. min.

9. Birthplace **Francistown, Mass**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hotel Clerk**

11. Industry or business **Hotel**

MOTHER FATHER

12. Name **Edward Vose**

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

14. Maiden name **Unknown**

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

16. (a) Informant **W. J. McCarthy**

(b) Address **Little Blue, Mo**

17. (a) Removal **(b) Date thereof** **Dec 18, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Boyer's Hall**

18. (a) Signature of funeral director **J. G. Joyce**

(b) Address **3146 Main St K. C. Mo**

19. (a) 12-18-40 (b) J. G. Joyce (c) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

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

(d) Street No. **335 So Brighton Plc**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **17**
year **1940** hour **3** minute **00** **A. M.**

21. I hereby certify that I attended the deceased from **July 16**, 19**40**, to **Dec. 17**, 19**40**
that I last saw him alive on **December 17**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the stomach**

Duration **1 year**

Due to _____

Due to _____

Other conditions **(Include pregnancy within 3 months of death)**

PHYSICIAN

Major findings: **Carcinoma of the stomach**

Of operations **✓**

Of autopsy _____

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? **932**
(Specify type of place) (e) Means of injury

23. Signature **J. D. Sweeney** (M. D. or other) **M.D.**
Address **W. H. Hales** Date signed **12/18/40**

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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.....

Paul G. Rowe

Licensed Embalmer No.....

2347

P. O. Address.....

A.C. 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42809

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 400

Primary Registration District No. 555-3B

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Pratts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Wm E Vase

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years.

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 16 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 17
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 Carcinoma

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy Chemical

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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Joseph B. Vasey (M. D. or other)

Address 419 W. Walnut St Date signed 2/14/47

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-42809