

S. No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6003**  
Registrar's No. **775**

Registration District No. **399**

Primary Registration District No. **1002**

48  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3469 East 62 St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **18 months** (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **Margaret Ann Van Meter**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. **hona**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Silas Van Meter** 6. (c) Age of husband or wife if alive **73** years  
7. Birth date of deceased **Sept 13 1869**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **5** Days **7** If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation **House wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **John Covert**  
13. Birthplace **Penn**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Scott**  
15. Birthplace **Penn**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jesse Anderson**  
(b) Address **3469 East 62 St**

17. (a) **Burial** (b) Date thereof **Feb 27 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **Mrs C R Foster**

(b) Address **918 Brooklyn**

19. (a) **7/22/41** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City Mo.** **3**  
(If outside city or town limits, write "RURAL") **8**  
(d) Street No. **3469 East 62 St.**  
(If rural, give location) **0**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **20**  
year **1941** hour **9** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **Dec 3 1940** to **Feb 20 1941**  
that I last saw her alive on **Feb 20 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration  
**Chronic Myocardial Degeneration** ?

Due to **Aortic Stenosis** **7**  
**170** **100** **12**

Other conditions **Partial obstruction of ring in large intestine (amplum)** **Dec 3 1940**  
(Include pregnancy within 3 months of death)

Major findings: **Of operations** **PHYSICIAN**  
Of autopsy **Aortic stenosis - Obstruction of transverse colon**  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **2**

23. Signature **L. James Larimore** (M. D. or other) **DO**  
Address **1010 Chambers Bldg.** Date signed **2-21-41**

*Joe Parvinsone  
Rt. 6061  
1010 Chambers Bldg*

**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 *Me*

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

Signed

*J. E. H. Shappert*

Licensed Embalmer No. *4129*

P. O. Address *N. T. Moore*

**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.**