

APR 15 1941

Registration District No. 299

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9580

Registrar's No. 689

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

1. PLACE OF DEATH: Jackson

(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: 310 South Oakley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME William Fred VASSAR

8. (b) If veteran, No 702-10-2165 name war No

8. (c) Social Security No. No

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Marie Vassar

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 29th, 1888
(Month) (Day) (Year)

8. AGE: 59 Years 10 Months 9 Days
If less than one day hr. min.

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

10. Usual occupation Retired six years, Cashier

11. Industry or business MKT Railroad Co.

MOTHER FATHER { 12. Name Andrew Vassar

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

14. Maiden name Sarah Jones

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

16. (a) Informant Mrs Marie Vassar, Wife,

(b) Address 310 Sou. Oakley, K. C. Mo.

17. (a) Burial (b) Date thereof Mar. 11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Melody - McGilley

(b) Address K. C. Mo.

19. (a) Apr 10 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 39

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 0

(d) Street No. 310 South Oakley
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 th

year 1941 hour 1:45 minute PM M.

21. I hereby certify that I attended the deceased from Mar. 8
1941, to Mar. 8 1941

that I last saw him alive on Mar. 6 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Atherosclerosis

Due to MI

Other conditions None recorded from autopsies by Drs. G. O. and J. H. Jones

Major findings: MI

Of operations None

Of autopsy None

Duration 1 day

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? _____

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

23. Signature M. M. Crowe (M. D. or other) _____

Address 1503 W. 11th St. Kansas City, Mo. signed 3/10/41

Dr. Stipe
Waldheim Bldg 11-7700

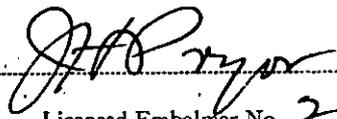
STATEMENT BY LICENSED EMBALMER

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. 267

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2999

P. O. Address..... AC

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.