

No. 2
1-4-41
17-39
X24390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18074

Registration District No. 404

Primary Registration District No. 5558

Registrar's No. 43

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
8342 Flora Avenue
(d) Length of stay: In hospital or institution _____
In this community 9 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 8342 Flora Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mr. Barton A. Veatch
3. (b) If veteran, name war. No
3. (c) Social Security No. 510-05-9268

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17th
year 1941 hour 10 minute 30 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Pearl L. Veatch
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased February 23 1898

21. I hereby certify that I attended the deceased from Jan 22 1941 to May 17 1941
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 2 Days 22
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocarditis
Duration 1 yr.

9. Birthplace Kansas City Missouri

Due to Rheumatic Fever
Due to _____

10. Usual occupation Machinist

Other conditions no
Major findings: Of operations no
Of autopsy _____

11. Industry or business Swift & Company

MOTHER FATHER { 12. Name Allen Veatch
13. Birthplace Keytesville Missouri
14. Maiden name Anna Osborne
15. Birthplace Ruffin North Carol

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Barton Veatch
(b) Address 8342 Flora

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof May 20, 1941
(c) Place: burial or cremation Mt. Washington Cem.

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

23. Signature R. V. Staff
Address 5118 1/2
Date signed 5/18/41

19. (a) 5-26-41 (b) R. V. Lindsey's Sons

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

JUL 1 1941

11-36-60

Veatch

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 *H. C. Newcomb*

Licensed Embalmer No. *4043*

P. O. Address *K. R. M.*

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.