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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33746  
3677  
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

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:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 40 Years 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>048</sup>  
(c) City or town Kansas City <sup>33</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3821 Central Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Mrs. Emma Hoyle Van Sant

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Thomas Van Sant 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 29 1851  
(Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Linneus, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Edward Hoyle  
13. Birthplace England (City, town, or county) (State or foreign country) 4  
14. Maiden name Sarah E. Holland  
15. Birthplace Virginia (City, town, or county) (State or foreign country) 1

16. (a) Informant Miss Gene VanSant  
(b) Address 3821 Central Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1941  
(Month) (Day) (Year)  
(c) Place: burial or cremation Davenport, Iowa

18. (a) Signature of funeral director D. H. Newcomer's Son  
(b) Address 1401 Brush Creek Blvd.

19. (a) 10/2/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 30  
year 1941 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from 9/23, 1941, to 9/30, 1941;  
that I last saw her alive on 9/30, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration 4  
Due to Fracture Left Hip 9/23  
Due to Hypertension 3/4 yrs.  
Other conditions Diabetic Coma 2 dec  
(Include pregnancy within 3 months of death) Left Hip  
Major findings: Of operations 1960 1960 PHYSICIAN \_\_\_\_\_  
Of autopsy 18 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) accident  
(b) Date of occurrence 123  
(c) Where did injury occur? the Jackson mo (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
While at work? no (Specify type of place) (Means of injury) fall  
23. Signature James P. ... M. D. or other \_\_\_\_\_  
Address 214 West ... Date signed 90/1/41

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

W. J. R. McVay  
Med. Auto. Bldg.  
2-5

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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..... *W. J. R. McVay*

Licensed Embalmer No. *4073*

P. O. Address *W. J. R. McVay*

**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.**