

No. 2  
-542  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23648  
State File No. \_\_\_\_\_  
Registrar's No. 2869

FILED AUG 12 1942

Registration District No. 399

Primary Registration District No. 1002

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:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Weeks  
In this community 30 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 411 North Lawn Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: Mr. George Van Zandt

3. (b) If veteran, name war World War I  
3. (c) Social Security No. 702-14-5443

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Leoti Van Zandt  
6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: October 29 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 8 29 hr. min.

9. Birthplace Seneca Falls New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Railroad

MOTHER FATHER

12. Name Peter Van Zandt

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

14. Maiden name Louisa Collier

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

16. (a) Informant Mrs. Leoti Van Zandt

(b) Address 411 North Lawn

17. (a) Burial (b) Date thereof July 30, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1444 Mt. Moriah Cemetery

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-29-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1942 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 1941 to July 28 1942 that I last saw him alive on July 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of pancreas metastatic to abdomen

Due to \_\_\_\_\_  
Due to Hypertension

Other conditions Tuberculous Bronchopneumonia  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

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 \_\_\_\_\_

23. Signature J. C. Castle (M. D. or other) \_\_\_\_\_  
Address 1002 Aggle Bldg Date signed July 28-42

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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.....

Licensed Embalmer No. 4043

P. O. Address K. O. 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, fact should be so stated above.**