

FILED FEB 25 1943

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

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:
5304 Agness
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
Don't know (Specify whether
in this community _____ 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. 5304 Agness
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jimmie Vanderbuilt

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

4. Sex Male 5. Color or race 2 Negro 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Don't know 6. (c) Age of husband or wife if alive about 1868 years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day
75 | | | 9 hr. min.

9. Birthplace Don't know (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Don't know
13. Birthplace Don't know (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant none Coroner

(b) Address 15-c. mo

17. (a) Burial (b) Date thereof 2-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West, Appleton, Jay

(b) Address City

19. (a) 2-4-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 1943 hour 5:AM minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
Deputy Coroner
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Freezing exposed to cold
Due to _____
Due to _____ 190
Other conditions 99
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations _____
Of autopsy no - Susp - History

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) Acc 123
(b) Date of occurrence Jan 25 1943
(c) Where did injury occur? St. C. Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in (1) about home, or farm, in industrial place, in public place?
In home (Specify type of place)
While at work _____ (e) Means of injury Trip over
ice

23. Signature E. P. Richardson (M. D. or other)
Address 1832 Vine Date signed 1-27-43

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

MOTHER FATHER

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..... *C. H. West*

Licensed Embalmer No. *2710*

P. O. Address *Kansas City*

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.