

S. No. 2
DM-2-43
7-5-1933

13459

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAY 6 1943

Registration District No. 149

Primary Registration District No. 1002

2872

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
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
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. 2701 E. 60th Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Charles C. VanBuren

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

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

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

7. Birth date of deceased March 27 1884 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 1 01 hr. min.

9. Birthplace Bolivar Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Retired 10 Years

12. Name Martin Van Buren

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

14. Maiden name Mary Ann Ageon

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

16. (a) Informant Mrs. Myrtle Van Buren

(b) Address 2701 East 60th Street

17. (a) Cremation (b) Date thereof Apr. 30, 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer, Sons (b) Address 1401 Brush Creek Blvd.

19. (a) 4-29-43 (b) M. M. Osborne (Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th year 1943 hour 8:00 A.M. minute M.

21. I hereby certify that I attended the deceased from 4-26-43, 19 to 4-28-43, 19; that I last saw him alive on 4-28-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of rectum with metastases to liver and lungs

Due to 46 D

Due to

Other conditions (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) (c) Means of Injury

23. Signature Dr. R. Thomas (M. D. or other) Address Med. Dir. K.C. General Hospital Date signed

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

360

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..... *K. C. Newcomer Jr*
Licensed Embalmer No. *4043*
P. O. Address..... *K. C. Newcomer Jr*

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.