

FILED JUN 7 1943  
Registration District No. 10049

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:  
General Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 days  
 (Specify whether  
 In this community 21 years  
 years, months or days)

3. (a) PRINT FULL NAME Charles E. Vegiard  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. 203-01-5685

4. Sex Male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Gertrude N. Vegiard  
 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased April 11 1874  
 (Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 18  
 If less than one day hr. min.

9. Birthplace Scranton Pa.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Plumbing and Heating

11. Industry or business Engineer

12. Name M. Edward Vegiard

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

14. Maiden name Mary Miller

15. Birthplace N.Y.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Dr. E. N. Vegiard

(b) Address 4304 Walnut St. K.C. Mo.

17. (a) Burial (b) Date thereof 6-1-1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 5/31/43 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

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. 4304 Walnut  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 29  
 year 1943 hour 2 minute 55P M.

21. I hereby certify that I attended the deceased from May 15  
1943 to May 29 4:43  
 that I last saw him alive on May 29 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pityriasis rubra

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

Other conditions (include pregnancy within 3 months of death) 53.2

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) (Means of injury)  
 23. Signature Henry R. Thorn (M. D. or other)  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

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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.....  
Walter H. Erwin....., Registered Apprentice No. 320  
working under my personal supervision.

Signed Clarence W. Chiles.....  
Licensed Embalmer No. 3473  
P. O. Address Kansas City, 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.**