

FILED JUN 10 1943
Registration District No. **3127**

Primary Registration District No. **3127**

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Webb City**
(c) Name of hospital or institution: **Jane Chinn Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 mo 12 da.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Webb City**
(If outside city or town limits, write "RURAL")
(d) Street No. **309 North Webb**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **George Van Fossen**

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

4. Sex **Male** 5. Color or race **W.** 6. (a) ~~Single, widowed, married~~ **2 divorced, widowed**
6. (b) Name of husband or wife **widowed** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **April 14 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	--	21	hr. min.

9. Birthplace **no data Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business
12. Name **James VanFossen**
13. Birthplace **no data Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Clymenia Benjamin**
15. Birthplace **no data 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dau. Mrs. Nettie Mort**
(b) Address **Berkley, Calif.**

17. (a) **Burial** (b) Date thereof **5/7/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Webb City Cemetery**

18. (a) Signature of funeral director **Hedge Nelson**

(b) Address **Webb City, Mo.**

19. (a) **5/7/43** (b) **Mrs. Nellie Hedge**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5**
year **1943** hour **7 A.M.** minute **..M.**

21. I hereby certify that I attended the deceased from **2-23** to **5-5**
that I last saw him alive on **May 5,** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic Pneumonia**

Due to **Broken Hip**

Due to
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **Of operations**
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **049**
(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 **P.M. ...** (M. D. or other)
Address **...** Date signed **5/6/43**

48-6449

Pence

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 E. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Steph 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME George Van Fossen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased: April 14 1904
(Month) (Day) (Year)

8. AGE: Years 82 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb year 1943 hour _____ minute _____ M.

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

Immediate cause of death Supercardiac thrombosis Duration _____

Due to FALL IN FLOOR AT HOME RESULTING IN FRACTURE OF RIGHT FEMUR AT HIP

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide~~ or homicide (specify) _____

(b) Date of occurrence FEB. 23 - 1943

(c) Where did injury occur? WEBB C. IV JASPER 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) (e) Means of injury FALL

23. Signature M. Pence (M. D. or other) DO.

Address CARTERSVILLE MO Date signed 2-6-43

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

SUPPLEMENTAL

P. M. Pence
Cantonville, Mo.

S-18185