S. No. 2
M—2-43
. 5-17-39
-1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13905

FILED MAY 11 1944

Registration District No. 119 Primary Registration District No. 1002 Registrar's No. 1917

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: 3918 Charlotte, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)
In this community: 35 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson, 48 3 8

(c) City or town: Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No.: 3918 Charlotte,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x 0

3. (a) PRINT FULL NAME: Mrs. Kathern M. VanTuyl

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Female | 5. Color or race: White | 6. (a) Single, widowed, married, divorced: Widowed,

6. (b) Name of husband or wife: Frank Van Tuyl

6. (c) Age of husband or wife if alive: x years

7. Birth date of deceased: April (Month) 6 (Day) 1868 (Year)

8. AGE: Years 76 | Months 0 | Days ~~26~~ | If less than one day 25 hr. min.

9. Birthplace: Illinois (City, town, or county) / (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: x

FATHER
12. Name: Frank VanTress
13. Birthplace: Unknown, (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown,
15. Birthplace: Unknown, (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. Robert T. Dixon,
(b) Address: Lake Lotawana, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 5-2-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 1st year: 1944 hour: 1:50 minute: a M.

21. I hereby certify that I attended the deceased from March 18, 1944, to May 1st, 1944; that I last saw her alive on April 23, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Bronchopneumonia	24 hrs.
Due to Infected Decubitus Ulcers	3 mos.
Left-sided hemiplegia	4-5 yrs.
Due to Chronic Myocarditis	5 yrs.
Generalized Arteriosclerosis (hyp. control)	15 yrs.

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

Major findings:
Of operations: None.
Of autopsy: None.

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): —
(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: Ruth A. Hardman (M. D. or other) M.D.
Address: 715 Argyle Bldg. K.C., Mo. Date signed: 5/1/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ruth Hardacre Argyle Mo.

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. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.