S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30345

FILED SEP 22 1944

Registration District No. 49

Primary Registration District No. 1602

Registrar's No. 3605

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 21 days (Specify whether
In this community unk
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3114 Harrison
(If rural, give location)

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

3. (a) PRINT FULL NAME Ben Harrison Vermillion

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Geneva

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

7. Birth date of deceased December 2 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

12. Name Leslie Vermillion

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

14. Maiden name Sarah Young

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Jim A. Lamuyl

(b) Address City Mortician

19. (a) 9-5-44 (Date received local registrar) (b) T. E. Brown (NZ) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1944 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from August 10, 1944, to August 31, 1944;
that I last saw him alive on August 31, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Auricular fibrillation pulmonary embolism	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Upsher (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 9-1-44

(Licensed Embalmer's Statement on Reverse Side)

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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

State of Missouri } ss.
County of Jackson

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 30345-44
Local Registrar's No. 3605

On this 20th day of March, 1952, before me appears Harold B. Vermillion, who, upon his oath, states that the original record of ~~birth~~ death for Ben Vermillion, ~~born~~ died August 31, 1944, in the State of Missouri, and which was filed at Kansas City, Mo. on 9-5, 1944, should be corrected as follows:

Item No. 3 should read BEN HARRISON VERMILLION
Instead of BEN VERMILLION

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Harold B. Vermillion, son
Relationship.

R.R. #12 North Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 20th day of March, 1952.

My Commission expires Oct 21, 1955 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X38667