

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **29951**
Registrar's No. **4006**

FILED OCT 28 1945
Registration District No. **149**

Primary Registration District No. **1002**

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

48
3
8

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: St. Lukes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 1/2 hrs.
(Specify whether years, months or days) 39 1/2 hrs.

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. 6710 Agnes
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jeanne Mae Van Wormer
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 14 45
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 15 hr. 30 min.

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

10. Usual occupation infant

11. Industry or business _____

12. Name Albert A. Van Wormer
13. Birthplace Merwin Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Mae Jenkins
15. Birthplace Wichita Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs A. A. Van Wormer
(b) Address 6710 Agnes

17. (a) Cremation (b) Date thereof 9-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Lukes Hosp.

18. (a) Signature of funeral director St. Lukes Hosp
(b) Address N. C. Mo.

19. (a) 9-28-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16
year 45 hour 6 minute 35 A.M.
21. I hereby certify that I attended the deceased from 9-14-45 to 9-16-45
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Atelectasis
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 16/2

Major findings: _____
Of operations _____

Of autopsy as 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? _____

23. Signature Paul G Gempel (M. D. of other) _____
Address 315 Alameda Rd Date signed 9/27/45

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

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.
