

FILED MAY 28 1946

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 409

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rosary Hill Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mo. 16 days
(Specify whether years, months or days)
 In this community 1 1/2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town Rural Washington
(If outside city or town limits, write "RURAL")
 (d) Street No. Beck Road
(If rural, give location)
 (e) Citizen of foreign country? no (Yes/ or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rebecca Jane VanCleave
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 8
 year 1946 hour 10 minute A. M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Jesse Van Cleave
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 11 1956
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 22 1945 to April 7 1946;
 that I last saw him alive on April 7 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	89	7	27	hr. _____ min. _____

Immediate cause of death: Disease of aortic valve
 Due to arteriosclerosis
 Duration 9m
 15y

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

Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

10. Usual occupation at home

11. Industry or business _____
 12. Name Robert Archekin
 13. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 920

16. (a) Informant Mrs. John Goerke
 (b) Address RR 1 St. Joseph, Mo.
 17. (a) burial (b) Date thereof 4/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairview Cemetery

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? _____

18. (a) Signature of funeral director Hector Bittel & Bowman
 (b) Address St. Joseph, Mo.
 19. (a) April 11, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)
 (c) Means of injury _____
 23. Charles H. Werner (M. D. or other) No.
 301 Kirkpatrick Bldg. 4-9-1946
 Date signed

1914

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 Frank A. Conway

Licensed Embalmer No. 1710

P. O. Address St Joseph M.

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.