S. No. 2
M—5-43
. 5-17-39
o I X36671

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. 13408

FILED APR 22 1946

Registration District No. 14 Primary Registration District No. 1002 Registrar's No. 1661

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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 35 years

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. 1733 Forest 8
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Vann

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 10, (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
48	9	26	hr. min.

9. Birthplace (City, town, or county) Oklahoma (State or foreign country) 1

10. Usual occupation None

11. Industry or business None

FATHER
12. Name John Vann
13. Birthplace (City, town, or county) Oklahoma (State or foreign country) 1

MOTHER
14. Maiden name Sarah
15. Birthplace (City, town, or county) Oklahoma (State or foreign country) 1

16. (a) Informant Medical Records Librarian
(b) Address General Hospital No. 2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/8/46 (Month) (Day) (Year)
(c) Place: burial or cremation Atichinson, Kansas

18. (a) Signature of funeral director Nathan Bros
(b) Address 1729 Lydia

19. (a) 4-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6, year 1946 hour 4: minute 10 P. M.

21. I hereby certify that I attended the deceased from March 30, 1946, to April 6, 1946; that I last saw him alive on April 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis — Duration
Jaundice

Due to PROBABLE ~~Possible~~ Carcinoma of Stomach

Due to

Other conditions Ventral Hernia
(Include pregnancy within 3 months of death)

Major findings:
Of operations 4 6 b
Of autopsy

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 [illegible] (M. D. or other) M.D.
Address General Hospital No. 2 Date signed 4/8/46

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1946

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. 3994

P. O. Address 2503 Highland

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.