

**FILED JUN 3 1946**  
Registration District No. **149**

Primary Registration District No. **1002**

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

**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. 1 0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 days**  
(Specify whether years, months or days)  
 In this community **48 YEARS**

**3. (a) PRINT FULL NAME** **SARAH Emma Alliet VANDEYVERE**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **493-26-3060**

4. Sex **FEMALE** 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced **WIDOWED**  
 6. (b) Name of husband or wife **MR. CHARLES ALLIET**  
 6. (c) Age of husband or wife if alive **44** years  
 7. Birth date of deceased **NOVEMBER 24 1897**  
(Month) (Day) (Year)

**8. AGE:**  
 Years **48** Months **5** Days **23**  
 If less than one day **hr. min.**

9. Birthplace **KANSAS CITY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **EMPLOYEE**

11. Industry or business **LEE WARD GARMENT CO.**

12. Name **HENRY VAN DEYVERE**

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

14. Maiden name **RENILDA CLOSE**

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

16. (a) Informant **MISS ERMAL ALLIET**

(b) Address **701 WOODLAND AVENUE**

17. (a) **BURIAL** (b) Date thereof **MAY 21 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **O. H. Newcomer's son**

(b) Address **1401 BRUSH CREEK BLDG.**

19. (a) **5-20-46** (b) **Heraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**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. **701 WOODLAND AVENUE 5**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **May** day **17**  
 year **1946** hour **3** minute **25 P.** M.

21. I hereby certify that I attended the deceased from **May 15 1946** to **May 17 1946**  
 that I last saw her alive on **May 17 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations **94 a**

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 **Wm W. Hart** (M.D. or other) **5-17-46**  
 Address **Med. Dir. Gen'l Hosp.** Date signed

JUN 6 1946

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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 Melvin Miller  
Licensed Embalmer No. 4407  
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.**