S. No. 2
1—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30501
4153

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: 3118 Benton / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 3118 Benton (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country No

3. (a) PRINT FULL NAME ESTELLA B VANDIVER
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female 1
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Vandiver
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased August (Month) 12 (Day) 1875 (Year)

8. AGE: Years 71 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Leonard Manner 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant Miss Mabel Hale 1
(b) Address 3118 Benton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Eagleville, Missouri
18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K.C. 3 Mo
19. (a) 10-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1946, hour 4 30 minute P. M.
21. I hereby certify that I attended the deceased from June 12, 1941, to Sept 30, 1946 that I last saw h. alive on Sept 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Coronary Thrombosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 94a
Of autopsy

Duration

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 0

23. Signature Harold A. Pallatt (M. D. or other) MD
Address 1132 Prof. Bldg. K.C. Mo. Date signed 10/1/46

(Licensed Embalmer's Statement on Reverse Side)

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 Chas E. Wells

Licensed Embalmer No. 2644

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.