

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED 051 8 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30503

State File No. _____
Registrar's No. **4094**

Registration District No. **149** Primary Registration District No. **1002**

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 #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
In this community **All his life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **720 Troost**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EDWARD MARTIN VAN SLYKE**
3. (b) If veteran, name war **WW 2** **3. (c) Social Security** No. **no**
4. Sex **Male** **5. Color or** **Wh** **6. (a) Single, widowed, married,** **Single**
race **Wh** **divorced**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if**
alive _____ years
7. Birth date of deceased **7/8/1915**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **9** day **27**
year **1946** hour **4** minute **20 A.**
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years **31** Months **2** Days **19** If less than one day
hr. _____ min. _____

Immediate cause of death **Cause pending.**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy **yes - as above**

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

10. Usual occupation **no**

11. Industry or business **no**

12. Name **David Van Slyke**

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

14. Maiden name **Marie Day**

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

16. (a) Informant **Harold Van Slyke**

(b) Address **4022 Wabash**

17. (a) ~~Place of burial or cremation~~ **(b) Date thereof** **9/28/46**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cem.**

18. (a) Signature of funeral director **John P. Shell**
(b) Address **K. C. Mo.**

19. (a) ~~9-27-46~~ **(b) ~~Geraldine Holman~~**
(Date received local registrar) (Registrar's signature)

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 **3**
23. Signature **James Walker** (M. D. or other) _____
Address **1424 Myrtle** **Date signed** **9-27-46**

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

671

DEC 3 1946

Dr. Walter
Prof. Blde.

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..... 3625
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.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4094

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:
Gen. Hosp. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

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

3. (a) PRINT FULL NAME Edward Martin Van Slyke

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. DATE OF DEATH: Month Sept Day 27
Year 1946 Hour _____ minute 20 a M.

4. Sex _____ 5. Color or race _____
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to barbital poison
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 195 e

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

Major findings:
Of operations _____
Of autopsy yes, as above

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 9-27-47 (Date received local registrar) Sheraldine Holmes (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) unknown
(b) Date of occurrence 9-27-46
(c) Where did injury occur K. C. Jackson Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
While at work? no (Specify type of place) (e) Means of injury poison

23. Signature James C. Walker (M. D. or other) 1424 P. of Bldg Address Date signed 9-27-47

SUPPLEMENTARY

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

3880

30503