

No. 2
12-45
17-39
X47070

FILED NOV 20 1946

State File No. MISSOURI

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. MISSOURI

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:
4123 EAST-11TH STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 (Specify whether
In this community 35 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 4123 EAST-11TH STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

46
3
8
0

3. (a) PRINT FULL NAME MR LEE VAN WAGENEN
3. (b) If veteran, name war No
3. (c) Social Security No. 495-07-6640

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 7TH
year 1946 hour 2 minute 15 P. M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. ROTHIE MAY VAN WAGENEN
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased JANUARY 5 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Oct 26 1946 to Nov 6 1946
(that I last saw him alive on Nov 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis with myocardial infarction
Duration 16 days
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 942
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. H. Bennett (M. D. or other) M.D.
Address 282 Arroyo Blvd Date signed 11-8-46

MOTHER FATHER

11. Industry or business CLEANER SPECIALTIES INC.
12. Name SIMON VAN WAGENEN
13. Birthplace NEW YORK
(City, town, or county) (State or foreign country)
14. Maiden name ANITA MIDDAUGH
15. Birthplace NEW YORK
(City, town, or county) (State or foreign country)
16. (a) Informant MRS. ROTHIE MAY VAN WAGENEN
(b) Address 4123 EAST-11TH STREET
17. (a) BURIAL (b) Date thereof NOV-9-1946
(Burial, cremation, or removal) MAPLE HILL CEMETERY
(c) Place: burial or cremation KANSAS CITY, KANSAS
18. (a) Signature of funeral director D. W. Newcomer
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 11-9-46 (Date received local registrar)
(b) A Geraldine Holmes (Registrar's signature)

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

1-5:59

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 Emile M. Colborn

Licensed Embalmer No. 3506

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.