

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5109**
Registrar's No. **614**

FILED FEB 24 1947
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: **KC. CONVALESCENT HOME, 3200 NORLEDGE**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 YEAR 4**
In this community **36 YEARS** (Specify whether 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. **3610 TROOST AVENUE**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EDWARD T. BROOKS VANZANDT**
3. (b) If veteran, name war **NO**
3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
(b) Name of husband or wife **MRS. CUBA VANZANDT** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **APRIL 9- 1865**
(Month) (Day) (Year)

8. AGE: Years **81** Months **9** Days **29**
If less than one day hr. min.

9. Birthplace **NEW YORK**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED 16 YEARS**

11. Industry or business **WABASH RAILROAD**

12. Name **PETER VANZANDT**

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

14. Maiden name **LOUISE COLLIER**

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

16. (a) Informant **Mrs. G. B. VanZandt**

(b) Address **3616 Troost ave. R.E. MO**

17. (a) **Burial** (b) Date thereof **Feb 11-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **States Missouri**

18. (a) Signature of funeral director **H. Newcomer**

(b) Address **1401 Brook Creek Kansas City**

19. (a) **2-11-47** (b) **Thereldine Holmer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **FEB** day **8th**
year **1947** hour **12** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Crown**, 19____, 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: **Generalized arterio sclerosis**
fld cerebral subarachnoid hemorrhage
Due to **cerebral edema**
1st + 2nd degree burns

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **1st + 2nd degree burns**
Of operations _____
Of autopsy **as above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident** **123**

(b) Date of occurrence **2-7-47**

(c) Where did injury occur? **KC. Jackson mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work? **no** (Specify type of place) (c) Means of injury **Burns**

23. Signature **Samuel Walker** (M. D. or other) _____
Address **1424 1/2 J St** Date signed **2-10-47**

1961-1-23-1961

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 *E. Oscar Horkley*

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.