. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Vanderpool
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13713

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1698

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: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days. (Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6503 E 10th St., 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MRS. IDA MAE VANDERPOOL

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

4. Sex Fem 1
5. Color or race Wh
6. (a) Single, widowed, married, divorced Wid. 2
6. (b) Name of husband or wife George Vanderpool
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased 11/10/1882 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Ray Co. (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business 11

FATHER
12. Name R. D. Vanderpool
13. Birthplace Ray Co. (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Margaret Ann Robb
15. Birthplace Unk. (City, town, or county) (State or foreign country) 9

16. (a) Informant Olan Vanderpool 1
(b) Address 6507 E 10th St.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery
18. (a) Signature of funeral director John P. Sheil
(b) Address K. C. Mo
19. (a) 4-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Feb~~ April day 11
year 1947 hour 7 A minute 25 A M.
21. I hereby certify that I attended the deceased from Feb 28, 1947 to April 11, 1947;
that I last saw her alive on April 10, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Concurrent Bronchial pneumonia	3 days
Due to: Cerebral hemorrhage	7 days
Due to: Arteriosclerotic heart disease	years
Other conditions (Include pregnancy within 3 months of death): none	
Major findings: Of operations	
Of autopsy none	

93 D

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature John T Skinner (M. D. or other) MD
Address 1102 Grand Date signed 4-11-47
K. C. Mo

(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 John P Shiel

Licensed Embalmer No. 3625

P. O. Address 16 6 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.