

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
119 HAYNES STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NEITHER
In this community 48 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY

(c) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL")

(d) Street No. 119 HAYNES STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELIZABETH VANBEBBER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLIAM S. VANBEBBER

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased JANUARY 29 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	2	1	hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name THEODORE PEIFER

{ 13. Birthplace SPRINGFIELD ILLINOIS
(City, town, or county) (State or foreign country)

{ 14. Maiden name FRANCES NASH

{ 15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm B. VanBebber

(b) Address 119 HAYNES, EX. SPRINGS, MO.

17. (a) BURIAL (b) Date thereof 4/1/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALEM CEMETERY

18. (a) Signature of funeral director Claude Grichard

(b) Address EXCELSIOR SPRINGS, MISSOURI

19. (a) 4/1/48 (b) Caroline Gutting
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30
year 1948 hour 10 minute 40 A.M.

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

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

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:

(c) Accident, suicide, or homicide (specify) Coronary Occlusion

(b) Date of occurrence Mar. 30 - 1948

(c) Where did injury occur? Excelsior Springs, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at Home, 119 Haynes St

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

23. Signature R.W. Feacher (M. D. or other) 3
Address Excelsior Springs, Mo. Date signed 3-31-48

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed4-19-48.....

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.....

Andell K. German....., Registered Apprentice No. *88*,
working under my personal supervision.

Signed.....*Albert E. White*.....

Licensed Embalmer No. *4168*.....

P. O. Address *Excelsior Springs, 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.