S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 26 1948

Registration District No. 739

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19705

Registrar's No. 2523

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 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 12 days In this community: 63 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City, Missouri (If outside city or town limits, write "RURAL")

(d) Street No.: Gladstone Hotel (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: None

3. (a) PRINT FULL NAME: VAN VLECK, CHARLES

3. (b) If veteran, name war: No

3. (c) Social Security No.: none

4. Sex: MALE 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Reba VanVleck

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

7. Birth date of deceased: August (Month) 13 (Day) 1884 (Year)

8. AGE: Years 63 Months 10 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace: Amsterdam, New York (City, town, or county) 1 (State or foreign country)

10. Usual occupation: Deputy Sheriff

11. Industry or business: Desk Clerk

FATHER 12. Name: Charles H. VanVleck

FATHER 13. Birthplace: New York (City, town, or county) 1 (State or foreign country)

MOTHER 14. Maiden name: Mary Ann O'Roark

MOTHER 15. Birthplace: Liverpool (City, town, or county) England (State or foreign country) 4

16. (a) Informant: Mr. Lee M. Van Vleck

(b) Address: Ft. Worth, Texas

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof: 6-19-48 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Geo. C. Carson

(b) Address: Independence, Missouri

19. (a) 6-15-48 (Date received local registrar) (b) Geraldine Helmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 6-3, 1948, to 6-15, 1948, that I last saw him alive on 6-15, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Advanced fibro caseous tuberculosis right lung	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: 13 K

Of autopsy: See above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Wm. W. Hart, M.D. Address: Med. Dir. Gen'l Hosp. Date signed: 6-16-48

(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.....R. A. Lisle.....

Licensed Embalmer No.....4123.....

P. O. Address.....Independence, 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.