

FILED OCT 4 1948

Registration District No. 2

Primary Registration District No. 5224

State File No.

Registrar's No. 165

1. PLACE OF DEATH

(a) County Cass

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

(c) Name of hospital or institution Harding Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 78 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass

(c) City or town Rural Austin twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 8 M. S. E. of Harrisville
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Everett Vansandt

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M. O

5. Color or race W.

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

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Oct 17 - 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept day 23 year 1948 hour 6 minute 20 P M.

21. I hereby certify that I attended the deceased from OCT 11, 1947, to SEPT 23, 1948
that I last saw him alive on SEPT 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac insufficiency
Chronic interstitial neph
Arteriosclerosis
Sandely

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 82 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Columbiana Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired 6 yrs

11. Industry business

12. Name of father Samuel Vinton Vansandt

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Eva Ann Tipton

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant James H. Vansandt
(b) Address Harrisonville, Mo.

17. (a) Burial (b) Date there Sept. 23-48
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Vansandt Cemetery

18. (a) Signature of funeral director Arthur Jones
(b) Address Harrisonville Mo.

19. Sept. 24 - 1948 (Date received local registrar) (Registrar's initials) James H. Jones

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings:
Of operations 131 B

Of autopsy

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 site of place)

Means of injury

23. Signature James H. Jones (M. D. or other) MO
Address Harrisonville Mo Date signed 9-24-48

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

SEP 29 1952

OCT 22 1952

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 Hoyd Ottumson

Licensed Embalmer No. 3870

P. O. Address Harrisonville

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.