

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 19854

2659

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 40 ym		d. STREET ADDRESS (If rural, give location) 922 East 27th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 922 East 27th St			

3. NAME OF DECEASED (Type or Print) Herbert Rowe	a. (First)	b. (Middle) Rowe	c. (Last) Van Gorden	4. DATE OF DEATH (Month) (Day) (Year) June 19 1949
---	------------	-------------------------	-----------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 12 1879	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R. Conductor	10b. KIND OF BUSINESS OR INDUSTRY & Santa Fe Rwy.	11. BIRTHPLACE (State or foreign country) Harrisburg, Penn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	--

13a. FATHER'S NAME Charles Van Gorden	13b. MOTHER'S MAIDEN NAME Anna Rowe	14. NAME OF HUSBAND OR WIFE Carrie Van Gorden
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lovel Van Gorden ADDRESS Dunlap, Kansas
--	-------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per item (a), (b), and (c)) <i>Cardiomyopathy</i> <i>MI</i> <i>8/1</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Pancreas		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ? DUE TO (c) ?		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pneumonia		7 da	

19a. DATE OF OPERATION 6 mo ago	19b. MAJOR FINDINGS OF OPERATION Ca of Pancreas	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from Dec 16, 1948, to June 19, 1949, that I last saw the deceased alive on June 15, 1949, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE F. B. Wallace (Degrees or title) MD	23b. ADDRESS 1215 Rialto Bldg	23c. DATE SIGNED 6-20-49
--	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 20 1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Emporia Kansas
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. 6-20-49	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster ADDRESS Kansas City, Mo
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

12 ³⁰/₁₁
1001 Bermany Rd.

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Gene Clark

Signed.....
Student Embalmer

Licensed Embalmer No. *4746*

P. O. Address *A to me*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson ss.

State File No. 1985449
Local Registrar's No. 2638-V9

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14 day of July, 1949, before me appears Dorothy Ellis, who, upon her oath, states that the original record of death for Herbert Rouse Van Gorden died 6-19, 1949, in the State of Missouri, and which was filed at N. C. Mo on 6-20, 1949, should be corrected as follows:

- Item No. 11 should read Strausberg; Penn
Instead of Harrisburg; Penn
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Dorothy Ellis Daughter
Relationship.
25 S. 21st St. Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 14th day of July, 1949.

My Commission expires Oct 21, 1951 Barrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

