

FILED AUG 5 1948

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: This Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 415 Ford Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM A. VERVALEN

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertha Vervalen 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug 6-1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Brooklyn New York
(City, town, or county) (State or foreign country)

10. Usual occupation painter & decorator

11. Industry or business _____

12. Name Isaac A. Vervalen

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

14. Maiden name Abigail

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

16. (a) Informant Lester L. Vervalen

(b) Address 415 Ford Ave Liberty Mo

17. (a) Buried (b) Date thereof July 24 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Liberty Mo

18. (a) Signature of funeral director 6 Church - Liberty Mo

(b) Address Liberty Mo

19. (a) July 23 1948 (b) Missouri
(Date received local registrar) (State)

(c) Liberty Mo
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 5 minute - A.M.

21. I hereby certify that I attended the deceased from 12-26-48 to July 21, 1948
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Respiratory Paralysis

Due to Coronary Occlusion

Due to Chronic Myocarditis

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

Major findings: Of operations _____

Of autopsy 938

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 B. M. Smith (M. D. or other) 1870

Address Liberty, Mo Date signed 7-28-48

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

4
24
1

64

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-3-46

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..... Edgar Archer.

Licensed Embalmer No..... 3311

P. O. Address..... Liberty, 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.