No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

24415

State File No. .....

FILED AUG 5 1947

Registration District No. 1947

Primary Registration District No. 1002

Registrar's No. 3015

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 TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS (Specify whether
In this community 74 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 59
(c) City or town MOORESVILLE 001
(If outside city or town limits, write "RURAL")
(d) Street No. RFD.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME CHARLES E. VADNAIS
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. LUCY VADNAIS
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased AUG 21 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace MOORESVILLE MISSOURI 0
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FOR SELF
FATHER
12. Name UNKNOWN VADNAIS
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
16. (a) Informant MRS. LUCY VADNAIS
(b) Address R.F.D. MOORESVILLE, MO.
17. (a) BURIAL (b) Date thereof JULY 16 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MOORESVILLE, MISSOURI
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 7-16-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 16TH
year 1947 hour 4 minute 35 A.M.
21. I hereby certify that I attended the deceased from 7-11- 1947, to July 16 1947
that I last saw him alive on 7-15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Shock after operation
Due to Obstruction of Colon
Due to Cancer of Sigmoid
Other conditions ✓ 46
(Include pregnancy within 3 months of death)
Major findings: Of operations Carcinomatosis
Of autopsy None permitted

Duration

PHYSICIAN
Underline the cause of 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 0
23. Signature Geo. B. Norberg (M. D. or other)
Address 537 E. 54th St. Date signed 7-16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Trinity Southern Hospital

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.