

FILED JUL 8 1948

Registration District No. 178

Primary Registration District No. 4286

Registrar's No. 36

1. PLACE OF DEATH:

(e) County Lewis
 (b) City or town LaGrange
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days) (Specify whether X)

3. (a) PRINT FULL NAME John Vanausdall

3. (b) If veteran, name war X
 3. (c) Social Security No. X

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Isabelle Vanausdall
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased April 2 1947
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 26 hr. X min.

9. Birthplace Keokuk Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation mechanic and welder

11. Industry or business machinist

12. Name John S. Vanausdall

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

14. Maiden name Marion H. Dottrey

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

16. (a) Informant Mr. Vanausdall

(b) Address 3504 Cass St. Orinda

17. (a) Burial (b) Date thereof June 30, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaGrange, Mo

18. (a) Signature of funeral director Saula Vaughn

(b) Address LaGrange, Missouri

19. (a) 7-2-48 (b) P. J. J...
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
 year 1948 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 25
 1948, to June 27, 1948
 that I last saw him alive on June 27, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Duration 3 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NONE

Of autopsy NONE

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? ()

While at work _____ (Specify type of place)
 (e) Means of injury _____

20. Signature Pauline Davis (M. D. or other) MD

Address Canter, Mo Date signed June 29 48

RECEIVED

District Health Officer No. 10

District File Number 7-48-1158

Date Recd JUL 6 - 1948

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 Paula Vaughan

Licensed Embalmer No. 4669

P. O. Address La Grange, 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.