

S. No. 2  
DM-2-43  
v. 5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27404

State File No.

3535

FILED AUG 27 1946  
149

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KEANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST JOSEPH 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 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KEANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7442 WAYNE AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME ERIVEST F. VIAL Sr.

3. (b) If veteran name war no  
3. (c) Social Security No. 496-05-2685

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced M I

6. (b) Name of husband or wife Lola Viall  
6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased DEC-15-1889  
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 29  
If less than one day hr. min.

9. Birthplace Butler Co Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation teacher

11. Industry or business Binlay Engineering School

12. Name Louis d. VIAL Sr.

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

14. Maiden name Mary Emma Wintermill

15. Birthplace Parkaska Co Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Lola Viall  
(b) Address 7442 Wayne

17. (a) Burial (b) Date thereof 8-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park  
18. (a) Signature of funeral director O. H. Newcomer's Sons  
(b) Address 1401 BRUSH CREEK BLVD.  
19. (a) 8-15-46 (b) Geraldine Holmes  
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 14th  
1946 year hour 3 minute 10 A. M.  
21. I hereby certify that I attended the deceased from July 1928 to Aug 14 1946  
that I last saw him alive on Aug 13 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure  
Due to Rheumatic heart disease  
Due to Rheumatic fever at age 14 yrs  
Other conditions Chronic hindhead ulcer  
(Include pregnancy within 3 months of death) yrs

Duration 3 wks  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings: none  
Of operations: none  
Of autopsy: none

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) Means of injury  
23. Signature Harry L. Fowler (M. D. or other)  
Address Kansas City, Mo Date signed 8/14/46

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

1107 Engquist 10/3/89

JJA

**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.

13.2.2  
7-51  
A

Signed Bernard L. Touan

Licensed Embalmer No. 4250

P. O. Address RC 1110

**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.**