

FILED AUG 7 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3148

1. PLACE OF DEATH: **Jackson**

(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:
6705 Paseo 13
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.**
In this community **3 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **999**

(c) City or town **Atchison** **14**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **X** (If rural, give location) **2**

(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Harry C. Vanstrum**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25**
year **1947** hour **9:45** minute **A.** M.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mrs. Ada Vanstrum**

6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased: **February** **5** **1890**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Crown** 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

57	5	20	hr. min.
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Immediate cause of death **Coronary Insufficiency**

Due to **arteriosclerotic hypertensio**

Due to **General Anemia**

9. Birthplace **Minnesota**
(City, town, or county) (State or foreign country)

10. Usual occupation **Wholesale Hardware**

11. Industry or business **X**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **1310**

MOTHER FATHER

12. Name **Carl Vanstrum**

13. Birthplace **Sweden**
(City, town, or county) (State or foreign country)

14. Maiden name **Christine Johnson**

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy **see history & report**

16. (a) Informant **Mrs. Ada Vanstrum**

(b) Address **Atchison, Kansas.**

17. (a) **removal** (b) Date thereof **7-25-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Atchison, Kansas,**
Stine & McClure

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **7-26-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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 injury) _____ (e) Means of injury **3**

23. Signature **John D. Walker** (M. D. or other) **Walker**
Address **1724 1/2 N. 11th** Date signed **7-26-47**

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

1947

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 *Ed T. Olines*

Licensed Embalmer No. *475*

P. O. Address *K.C. 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.