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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 2 1947

Registration District No. 1476

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

38531
State File No.

Registrar's No. 334

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1720 Willow
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. VERNON J. DANIELSEN
3. (b) If veteran, name war World War 1
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 Mrs. Nola M. Danielsen
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Feb. 22, 1889 (Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Richmond, Utah (City, town, or county) (State or foreign country)
10. Usual occupation Attorney at Law
11. Industry or business
FATHER
12. Name W. G. Danielsen
13. Birthplace Copenhagen, Denmark (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lizzie Jane Finley
15. Birthplace St. Lake City, Utah (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Nola M. Danielsen
(b) Address 1720 Willow, Independence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 17 47 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Gurnhill
18. (a) Signature of funeral director Geo. Clarson
(b) Address Independence, Mo.
19. (a) 11-16-47 (Date received local registrar) (b) James Kee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1947 hour 4:05 minute P M.
21. I hereby certify that I attended the deceased from Comm, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture
Due to Multiple fractures legs
Due to Crushed chest (right)
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy no
History & Injuries

Duration

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) accident
(b) Date of occurrence 11-14-47
(c) Where did injury occur? Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury auto Trans
23. Signature James Liddell (M. D. or other)
Address 1724 Ry Bldg Date signed 11-18-47
S.H.P. - Road off Roadway

(Licensed Embalmer's Statement on Reverse Side)

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 William H. Schlank, Registered Apprentice No. 439, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence 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.