

FILED AUG 6 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24478

State File No.

Registrar's No. 117

Registration District No. 150

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County JACKSON RURAL PRAIRIE
(b) City or town LEAS SUMMIT TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
LOT 46 LAKE LOTAWANA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town LEAS SUMMIT
(If outside city or town limits, write "RURAL")
(d) Street No. S-17 LAKE LOTAWANA
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

MRS. GENEVIEVE ADRIAN

3. (b) If veteran, name war No

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18TH
year 1947 hour 11³⁰ minute P M.

21. I hereby certify that I attended the deceased from coron 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 Drowning

Due to
Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations 1926
Of autopsy as above

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) accident
(b) Date of occurrence 7-18-47
(c) Where did injury occur? Jackson Mo
(City, town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home
(Specify type of place)
While at work? (e) Means of injury Drowning

23. Signature J. M. ... (M. D. or other) out 3
Address 1424 Myrtle Date signed 7-18-47

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. STANLEY E. ADRIAN
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased OCTOBER 10 1920
(Month) (Day) (Year)

8. AGE: Years 26 Months 9 Days 8 If less than one day hr. min.

9. Birthplace MACOMB ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation ALLENS BOAT SERVICE

11. Industry or business

12. Name ROBERT MANYX

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

14. Maiden name CAROLYN SMYSER

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

16. (a) Informant

(b) Address 5-17 Lake Lotawana

17. (a) BURIAL (b) Date thereof 7-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAN, K.C.M.O.

18. (a) Signature of funeral director D.W. Dawceman

(b) Address 1401 BRUSH CREEK BLVD. K.C.M.O.

19. (a) July 21, 1947 (b) D. W. Dawceman
(Date received local registrar) (Registrar's signature) 572

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

MOTIER FATHER

AUG 7 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 Jose T. Deuss
Licensed Embalmer No. 4453
P. O. Address Stamford City

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.