N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC FEB 27 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3635
Do not use this space.

1. PLACE OF DEATH
(a) County Ray — Registration District No. 744
(b) Township Richmond — Primary Registration District No. 3035 — Registered No. 199
(c) City Richmond Mo. (d) Street No. Home St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida May Nance
(a) Residence, No. West Main Richmond Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of Chas. Nance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan .10 th. 1863

7. AGE: Years 76 | Months | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Keeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Mo

FATHER
13. NAME: Wm. Mc.Grew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illnois

MOTHER
15. MAIDEN NAME: Margarett Perkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illnois

17. INFORMANT (ADDRESS): Raymond Nance Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Richmond Cem. DATE: Jan. 19 th 1939.

19. FUNERAL DIRECTOR (ADDRESS): Brothers Funeral Home Richmond Mo.

20. FILED: Jan 23, 1939 Maud Jackson dep
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Jan 17 1939
I last saw he alive on Jan 17 1939. Death is said to have occurred on the date stated above, at 1:20 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Bronchial Asthma

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) E. E. Day, M. D.
(Address) Richmond Mo.

(Licensed Embalmer's Statement on Reverse Side)

ECEIVED
istrict Health Officer No. 8,
istrict File Number 9/7/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I, J.B.Brothers, Licensed Embalmer No. 2001

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J.B.Brothers

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Brothers Funeral Home

By ~~Licensed~~ Embalmer No. 2001

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)