

S. No. 2
M-1-C
v. 5-17-5
X28390

10352

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 2 1942

Registration District No. 85

Primary Registration District No. 1004

Registrar's No. 269

011
1
7
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
715 Robidoux
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 62 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph 011
(If outside city or town limits, write "RURAL")

(d) Street No. 715 Robidoux 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Emily Vance

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12
year 1942 hour 4 minute 45 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Albert B. Vance

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

7. Birth date of deceased Nov 9 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 4 1942 to March 12 1942
that I last saw her alive on March 12 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 4 Days 3
If less than one day _____ hr. _____ min.

Immediate cause of death Acute Bronchial Pneumonia Duration 9 days

Due to _____

Due to _____

9. Birthplace La Porte Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions Arterio Sclerosis 20 Years
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Geo. H. Atwell

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

14. Maiden name Helen M. Doug

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

Major findings: Of operations 107

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Zora E. Gaston

(b) Address 7150 Robidoux

17. (a) Burial (b) Date thereof Mar 14 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashtons Cemetery

18. (a) Signature of funeral director Fleeman T. Dooler

(b) Address St Joseph, Mo

19. (a) 3/14/42 (b) [Signature]
(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 place)

While at work? _____ (a) Means of injury _____

23. Signature Dr. John W. [Signature] (M. D. or other) _____
Address 109 1/2 N. 8th St. St. Joseph, Mo Date signed 3/16/42

John W. ...
109 1/2 N 8th

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~~ *me*

3-12-42

Registered Apprentice No.

working under my personal supervision.

Signed

Geo E Daniel

Licensed Embalmer No.

3300

P. O. Address

37 Jasper 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.