

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED JUN 19 1942

Registration District No. 1026

Primary Registration District No. 5102A

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Bollinger County
(b) City or town Shelby Allen Mo
(c) Name of hospital or institution Familial Home (Nurse) 1
(d) Length of stay: In hospital or institution all life
In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger Co.
(c) City or town Shelby Allen Mo
(d) Street No. Rural
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME

Ruthford B. Vance

3. (b) If veteran, name war 1

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Rachel Vance

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 10 1897

8. AGE: Years 65 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Bollinger County MO

10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business

12. Name Robert Vance

13. Birthplace Ida

14. Maiden name Just Beasley

15. Birthplace Missouri

16. (a) Informant Mrs. Rachel Vance

17. (a) Address Shelby Allen Mo

17. (b) Date thereof 5-16-42

18. (a) Signature of funeral director Hubert F. ...

19. (a) 5/15/42 (b) Mrs. Geneva Graham

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 6/10/41 to 5/14/42 that I last saw h. l. a. alive on 5/14/42 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to cardio-renal vascular disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a

Of autopsy

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature John W. ... (M. D. or other) Date signed 5/15/42

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

MOTHER FATHER {

RECEIVED

District Health Officer No. 4
District File Number 642-788
Date Filed 6-16-42

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 *E. H. Estes*.....

Licensed Embalmer No. *9568*.....

P. O. Address. *Cape Girardeau, 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.