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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23921

Primary Registration District No. 1001

Registrar's No. 678

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: State Hospital # 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years, 2 mo, 18 days (Specify whether)

In this community 2 Yrs 2 Mos 2 Days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Conception Junction 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Bernice Vance

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January (Month) 28 (Day) 1906 (Year)

8. AGE: Years 36 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Swan (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name W. I. Reed
13. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name Eva Hunter
15. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Records State Hosp # 2

(b) Address St. Joseph, Mo.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof July 13, 42 (Month) (Day) (Year)

(c) Place: burial or cremation Swan Iowa.

18. (a) Signature of funeral director Herman W. Bidenfadew

(b) Address 1802 Union St. St. Joseph Mo.

19. (a) 7-13-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1942 hour 1 minute 05 a.M.

21. I hereby certify that I attended the deceased from April 24 ~~1940~~, 1940, to July 12, 1942 that I last saw her alive on July 11, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia (Organism undetermined)	7-8-42
Due to	
Due to 37c	
Other conditions (Include pregnancy within 3 months of death): Chronic Epidemic Encephalitis (Type Unspecified)	1918

Major findings:
Of operations

Of autopsy

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)

(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? (e) Means of injury

23. Signature D. P. Johnson (M. D. or other) M.D.

Address State Hosp # 2 St. Joseph, Mo Date signed 7-12-42

1233

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2728

P. O. Address St. Joseph, 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.