

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **36445**  
Registrar's No. **4281**

FILED DEC 7 1942  
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City, Mo.**  
(c) Name of hospital or institution:  
**K.C. Industrial Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day**  
(Specify whether  
In this community **30 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6020 E 10th St.**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Edd Franklin Vance**  
(b) If veteran, name war **No**  
(c) Social Security No. **486-09-1070**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **16**  
year **1942** hour **11** minute **10 P.** M.

4. Sex **Male** 5. Color or Race **W**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **May E. Vance**  
6. (c) Age of husband or wife if alive **Decd.** years  
7. Birth date of deceased **May 24, 1880**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 1942**  
19 **Nov. 16**, 19 **42**

that I last saw him alive on **Nov. 16, 1942**, 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of liver**  
Duration

8. AGE: Years Months Days If less than one day  
**62** **5** **22** hr. min.

Due to **46 8**  
Due to

9. Birthplace **Nebraska**  
(City, town, or county) (State or foreign country)

Other conditions **ascites; jaundice**  
(Include pregnancy within 3 months of death)

10. Usual occupation **Machinist**

11. Industry or business **Sheffield Steel Corp.**

PHYSICIAN

MOTHER FATHER { 12. Name **Jerry Vance**

Major findings: Of operations **None**

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

Of autopsy **none**

14. Maiden name **Ellen A. Labore**

Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Informant **Mrs. Mildred Fry**

(a) Accident, suicide, or homicide (specify)

(b) Address **6020 E 10th St. K.C. Mo.**

(b) Date of occurrence

17. (a) **Removal** (b) Date thereof **Nov. 18-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? (City or town) (County) (State)

(c) Place: burial or cremation **Wymore, Nebr.**

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

18. (a) Signature of funeral director **Sheil Funeral Home**

While at work? (Specify type of place) (e) Means of injury **0**

(b) Address **6606 Ind. Ave. K. City**

23. Signature **F. P. Keller** (M. D. or other)

19. (a) **11-17-42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

Address **920 Newton, KC Mo** Date signed **11/17/42**

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**