-1/47
-17-39

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

National Office of Vital Statistics

FILED SEP 11 1947

STANDARD CERTIFICATE OF DEATH

State File No. 27117

Registration District No. 77 — Primary Registration District No. 3012 — Registrar's No. 126

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)
In this community: 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay
(c) City or town: Excelsior Springs (If outside city or town limits, write "RURAL")
(d) Street No.: 728 Elmwood Str (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Charles Benjamin Nance
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: 500 28 5753
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Betty K. Nance
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: June 17, 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	1	22	hr. min.

9. Birthplace: Richmond (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Guard Chaffeur
11. Industry or business: Veterans Administration
MOTHER FATHER
12. Name: Charles C. Nance
13. Birthplace: Richmond (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Ida M. McGrew
15. Birthplace: Rock Island (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Hospital Records Veterans Administration Hospital
(b) Address: Excelsior Springs, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-9-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Richmond, Missouri
18. (a) Signature of funeral director: Charles O Hope
(b) Address: HOPE FUNERAL HOME Excelsior Springs, Missouri
19. (a) 8/12/47 (Date received local registrar) (b) Caroline Dutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9 year 1947 hour 12 minute 05 A. M.
21. I hereby certify that I attended the deceased from August 1, 1947, to August 9, 1947, that I last saw him alive on August 9, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Corornary Occlusion	3 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Tuberculosis, pulmonary minimal, activity undetermined	Unknown

Major findings:
Of operations: 3 B
Of autopsy: No Autopsy Performed

PHYSICIAN — Underline the cause of 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? --
While at work? -- (Specify type of place) (e) Means of injury: --
23. Signature: Wm H Bailey (M. D. or other) M.D.
WM. H. BAILEY, M.D.
Address: Veterans Administration Hosp. Excelsior Springs, Missouri Date signed: 8-9-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-47

NOV 24 1948

MAR 5 1948

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 J. A. Moles

Licensed Embalmer No. 5296

P. O. Address Ex Springs 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.