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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1948

Registration District No. 192

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4305

20090

State File No. _____

Registrar's No. 17

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Anderson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 47 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Anderson
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME EMMA NANCE

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James Nance 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept 17 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 25 ✓ hr. ✓ min.

9. Birthplace Carroll Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER FATHER { 12. Name William H. Nance
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Graden Stearns
15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Nance
(b) Address Anderson Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-1948
(Month) (Day) (Year)
(c) Place: burial or cremation Anderson Mo.

18. (a) Signature of funeral director Tatum Funeral Home
(b) Address Anderson Mo.
19. (a) 6-7-48 (Date received local registrar) (b) Virginia Bush (Registrar's signature) 271

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr. 1 1948 to May 2 1948
that I last saw her alive on May 2 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Senility

Other conditions Senility
(Include pregnancy within 5 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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? ✓

23. Signature Dr. Jarmach (Specify type of place) (e) Means of injury M.D.
Southwest City, Mo. (M. D. or other)
Date signed 5-5-48

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

RECEIVED

District Health Officer No. 6,

District File Number 648-717

Date Filed JUN 18 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 me
....., Registered Apprentice No. ✓
working under my personal supervision.

Signed R. E. Cheatham
Licensed Embalmer No. 3813
P. O. Address Anderson, 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, above space should be left blank.