

REC'D APR 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9982

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 11
 (b) Township Jackson Primary Registration District No. 5-015 Registered No. 7
 (c) City Fillmore (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GEORGE E. LANCE 520

(a) Residence, No. FILLMORE St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 14, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 84 4 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fillmore, Mo.

13. NAME Wm Lance

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mary Kaufman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs Geo Lance
FILLMORE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE antioch DATE Mar 13 1938

19. FUNERAL DIRECTOR (ADDRESS) J Fred Tschune
Carrollton MO

20. FILED Mar 13 1938 Mrs Addie Barnes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31 19 38

22. I HEREBY CERTIFY, That I attended deceased from June 1932, to Mar. 10 1938

I last saw him alive on Mar. 10 19 38 Death is said

to have occurred on the date stated above, at 9:00m. a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage

Date of onset
3-3-38

Other contributory causes of importance:

Arterio-sclerosis

Name of operation None Date of _____

What test confirmed diagnosis? Clin. & Lab Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. L. Holliday, M.D.

(Address) Fillmore, Mo.

STATEMENT BY LICENSED EMBALMER

I, J. Fred Verhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No. ~~1279~~

working under my personal supervision.

Signed J. Fred Verhune
Licensed Embalmer No. 1279

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.)