

3 14 1940
S. No. 7
-11-10-39
-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8203
Registrar's No. 314

Registration District No. 784 Primary Registration District No. 116

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Valley Park, R.R.#1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____ years, months or days
3. (a) PRINT FULL NAME Berry L. Nance
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male
5. Color or race wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Nance
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Feb 5-1859
(Month) (Day) (Year)

8. AGE: Years 81 - Months — Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____
12. Name Jack Nance
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Nance
(b) Address Sulphur Spring Rd.
17. (a) Burial (b) Date thereof 2-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Abingdon, Mo.

18. (a) Signature of funeral director Louis N. Popp
(b) Address Westwood, Mo.
19. (a) FEB 14 1940 (b) Truman D. Popp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town R.R.#1 Valley Park
(If outside city or town limits, write "RURAL")
(d) Street No. Sulphur Spring Rd
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13th
year 1940 hour 6:50 minute 2 M.
21. I hereby certify that I attended the deceased from Feb 7
1940, to Feb 13 1940
that I last saw him alive on Feb 11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia
(Lobar) (left)
Due to Senility
Due to 1010
Other conditions (include pregnancy within 3 months of death) _____

Duration
4 days

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?
While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature Henry Scott (M. D. or other) M.D.
Address Bellfleur Date signed Feb 13 1940

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

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

Louis H Bopp

Registered Apprentice No.

working under my personal supervision.

Signed

Louis H Bopp

Licensed Embalmer No.

921

P. O. Address

Rickwood 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.