

Registration District No.

Primary Registration District No.

Registrar's No.

791

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**BARNES HOSPITAL**  
(If not in hospital or institution, write street number on location)  
(d) Length of stay: In hospital or institution 31 days  
(Specify whether  
In this community 31 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME: Michael Vance 520

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Olive 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased July 22nd 1889  
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Constable

11. Industry or business \_\_\_\_\_

12. Name Jack Vance

18. Birthplace Phelps County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Marissa Bellin

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

16. (a) Informant Olive Vance

(b) Address Pacific Mo R.R. 3

17. (a) Burial (b) Date thereof 5-20-'10  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pond Mo.

18. (a) Signature of funeral director Schuler Funeral Home  
(b) Address Ballwin, Missouri

19. (a) MAY 18 1940 (b) J. F. Buckner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1940 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 16, 1940, to May 17, 1940,  
that I last saw him alive on May 17, 1940,  
and that death occurred on the date and hour stated above.  
Immediate cause of death uremia

Due to Cirrhosis, portal

Due to \_\_\_\_\_

Other conditions Bleeding tendency  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Howard R. Bierman M.D. (M. D. or other)

Address BARNES HOSPITAL Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Howard F. Rowland*

Licensed Embalmer No.

*3114*

P. O. Address

*St Louis, 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.**