

AUG 21 1940

State File No. _____

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 93

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution 110 north Walnut.
(d) Length of stay: In hospital or institution _____
In this community 22 yrs.
years, months or days no middle name

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(d) Street No. 110 n. Walnut.
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME Charles J. Vance. 520
3. (b) If veteran, name war _____
3. (c) Social Security No. 486-05-8816

20. DATE OF DEATH: Month July day 20 year 1940 hour 9 minute _____ P. M.

4. Sex Male 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsa Vance
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Apr. 13 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 21 1940 to July 21 1940 that I last saw him alive on July 21 1940 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis
Duration _____

8. AGE: Years 59 Months 3 Days 7 If less than one day _____ hr. _____ min.

Due to _____
Due to 44A

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

10. Usual occupation Line Foreman

11. Industry or business Maryville Elec. & Pr. Co.

12. Name George P. Vance

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Anna Lentz
(City, town, or county) (State or foreign country)

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

16. (a) Informant's name Mrs. Elsa Vance
(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof July 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director John W. Price
(b) Address Maryville Mo.

19. (a) 7-22-40 (b) Marie C. Clardy
(Date received local registrar) (Registrar's signature)

Other conditions _____
(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? 551
(Specify type of place) (e) Means of injury _____

23. Signature Chas. T. Bell (M. D. or other) _____
Address Maryville, Mo. Date signed 7/24/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

John W. Price

Licensed Embalmer No. *3229*

P. O. Address *Maryville 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.