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

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Pilot Knob  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron  
(c) City or town Pilot Knob  
(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 Vance (infant)

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

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced, # \_\_\_\_\_  
6. (b) Name of husband or wife # \_\_\_\_\_ 6. (c) Age of husband or wife if alive # \_\_\_\_\_ years

7. Birth date of deceased Jan. 1, 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 18 hr. min.

9. Birthplace Pilot Knob Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Hosea Vance  
13. Birthplace Ironton Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Violet Upton  
15. Birthplace Fredericktown Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hosea Vance

(b) Address Pilot Knob Mo.

17. (a) burial (b) Date thereof 1/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Knob Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 201 White Ironton Mo.

19. (a) Jan 2, 1941 (b) L. J. Effinger  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1  
year 1941 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1-1-1941 to 1-1-1941

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Premature Birth

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

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? \_\_\_\_\_

While at work (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D. W. Gale (M. D. or other) \_\_\_\_\_

Address Bismarck Mo Date signed 2/2/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**