No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13

Registration District No. 538

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25566

Primary Registration District No. 3028

Registrar's No. 521

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

1. PLACE OF DEATH:

(a) County: Madison

(b) City or town: Fredericktown Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
XX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: / (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Madison

(c) City or town: Fredericktown
(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.? 0 years.

3. (a) PRINT FULL NAME: Flora Matthews Vance

3. (b) If veteran, name war: XX

3. (c) Social Security No.: XX

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Robert Vance

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: January (Month) 3 (Day) 1878 (Year)

8. AGE: Years 63 Months 6 Days 27 If less than one day hr. min.

9. Birthplace: Madison County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Home

11. Industry or business: housekeeping

MOTHER FATHER

12. Name: Frances M. Matthews

13. Birthplace: Madison County (City, town, or county) Mo. (State or foreign country)

14. Maiden name: Henley Tom Skaggs

15. Birthplace: Madison County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Herschel Rack

(b) Address: Fredericktown Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 1 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Cemetery

18. (a) Signature of funeral director: Ed. Hoffman

(b) Address: Fredericktown Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1941 hour 13 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 1941, to July 30 1941, that I last saw her alive on July 29 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	4 days
Due to: Hypertension	
Due to: 13 K	
Other conditions (Include pregnancy within 3 months of death): Nephritis Chronic	

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: C. Slaughter (M. D. or other) M.D.

Address: Fredericktown Mo. Date signed: 9/30/41

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Ed. H Webb

Licensed Embalmer No. 731

P. O. Address Frederickstown Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25566

Registration District No. 538 Primary Registration District No. 3028 Registrar's No. 521

1. PLACE OF DEATH:

(a) County: Madison

(b) City or town: Fredericktown
(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)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Flora M. Vance

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Sept 19 1941 (Date received local registrar) (b) S. C. Scaughler (Registrar's signature) By L. H. Schwanck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 30 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-25566