No. 2
-4-41
17-39
X25390

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

Nussbaum - Vance

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27951

Registration District No. 126

Primary Registration District No. 3009

Registrar's No. 304

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 12 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Point Pleasant 8
(If outside city or town limits, write "RURAL")

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

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

If yes, name country ----------

3. (a) PRINT FULL NAME William Vance

3. (b) If veteran, name war ----------

3. (c) Social Security No. ------

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Unknown

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

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

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

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

10. Usual occupation ~~Ex~~ Farm Laborer

11. Industry or business ----------

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Clerk at St. Francis Hospital
(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont

18. (a) Signature of funeral director F. J. Sparks
(b) Address Cape Girardeau, Mo.

19. (a) 8-10-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 9
year 41 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from 7/28, 1941, to 8/9, 1941;
that I last saw him alive on 8/8, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bladder hemorrhage	3 hrs.
Due to Prostatic Hypertrophy	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

137a

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 Paul B. Nussbaum (M. D. or other)
Address Cape Girardeau Date signed 8-10-41

(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.....
Body was Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....Frank Sparks

Licensed Embalmer No.....3455

P. O. Address.....Cape Girardeau

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

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