

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41564

JAN 7 1942
Registration District No. 165

Primary Registration District No. 5230

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community X years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural-Jefferson Township
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? XNo (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Julia Nance

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John G. Nance 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Feb. 11, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 8 If less than one day X hr. X min.

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

10. Usual occupation Retired

11. Industry or business X

12. Name Tom Williams

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

14. Maiden name Recta M. VanCleve

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

16. (a) Informant Mary Nance

(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 12-20-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Cemetary

18. (a) Signature of funeral director W.C. Davis & Company

(b) Address Stockton, Mo.

19. (a) 1-3-42 (b) Mrs. Myrtle Bright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 41 hour 4 AM minute — M.

21. I hereby certify that I attended the deceased from Jan, 1941, to Dec 19, 1941.
that I last saw her alive on Dec 19, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 1 da

Due to Confinement to bed 1 month

Due to Stomach Complaint 1 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 107

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Wm B Richter (M. D. or other)

Address Stockton, Mo Date signed 12-24-41

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

7000

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 Melvin Quirk
Licensed Embalmer No. 3372
P. O. Address Stockton

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, fact should be so stated above.