

FILED FEB 24 1942
784

Registration District No.

Primary Registration District No. 200

Registrar's No. 332

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(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 8 weeks (Specify whether
In this community 8 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Near Glen Allen, Mo. (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th
year 1942 hour 8:00 minute 45 P. M.

21. I hereby certify that I attended the deceased from 12-2-41
1941 to 1-29-42 1942
that I last saw him alive on 1-29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Pancreas. Duration

Due to 46g

Due to

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations none Of autopsy none 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. J. Smith (M. D. or other)
Address 608 Kingsland Date signed 2-4-42

3. (a) PRINT FULL NAME Robert Lucus Vance

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie W. Vance 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Jan. 24 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Andrew J. Vance

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

14. Maiden name Mary Cavanaugh

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

16. (a) Informant A. R. Vance

(b) Address Glen Allen R.R.

17. (a) Burial (b) Date thereof Jan. 31, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGee Chapel Cem. Ill.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) FEB 14 1942 (b) C. J. Smith
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

6
0
0

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.....

J. B. Graham

Licensed Embalmer No.....

4010

P. O. Address.....

Lutesville, Md.

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.