

Registration District No. _____

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: N. Grand Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Carrollton
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 27
year 1942 hour 1 minute 05 A.M.
21. I hereby certify that I attended the deceased from March 26, 1942
_____ 19____ to March 27, 1942
that I last saw him alive on March 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism -
secondary to 1st + 2nd
degree burn (Chemical - Mercuric Oxide)
liver surface of torso, and
arms to elbows (March 23, 1942)
Accidentally incurred.
Due to _____
Due to _____
Other conditions (Include pregnancy within 8 months of death) _____

Duration

PHYSICIAN

Major findings:
Of operations 1st + 2nd
Of autopsy 1st + 2nd
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 Accident
(b) Date of occurrence 3/27/42
(c) Where did injury occur: Carrollton, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address Carrollton, Missouri Date signed 3/27/42

3. (a) PRINT FULL NAME John Dale Lance
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: Oct. 13 1930
(Month) (Day) (Year)

8. AGE: Years 11 Months 5 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation School

11. Industry or business _____

MOTHER FATHER { 12. Name Clarence Lance
13. Birthplace Carrollton, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Gertrude E. Steele
15. Birthplace Carrollton, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Lance

(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof 3-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lak Hill Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Carrollton, Mo.

19. (a) 3-28-42 (b) Mrs. James Rafferty
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-13-42

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

Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Mo.

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.