

U. S. No. 2
M-9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17267

State File No.

FILED JUN 17 1942

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 166

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
604 W. Filmore
(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) (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Melvin Vance

3. (b) If veteran, name war..... 3. (c) Social Security No. 486-12-6655

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

6. (b) Name of husband or wife Ella Vance 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June 18 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>11</u>	<u>7</u> hr. min.

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

10. Usual occupation Coal Miner

11. Industry or business.....

12. Name John Melvin Vance

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

14. Maiden name Hanna Rhodes

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

16. (a) Informant Emmett Vance

(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-42
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Dee Riley

(b) Address Kirksville, Mo.

19. June 4, 1942 (Date received local registrar) (b) W. H. Wagner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 604 W. Filmore
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from MAY 17 1942 to MAY 25 1942
that I last saw him alive on MAY 25 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration
8 days

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.....

23. Signature W. H. Wagner (M. D. or other) Do
Address Kirksville Date signed 5-2-42

RECEIVED

District Health Officer No. 10

District File Number 6-42-1307

Date Filed JUN 15 1942

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. E. Kelly

Licensed Embalmer No. 4181

P. O. Address Hicksville, N.Y.

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.