

S. No. 2  
1-4-41  
5-17-39  
P1 X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17304**

**REC JUN 10 1942**

Registration District No. **20** Primary Registration District No. **3003** Registrar's No. **42**

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

1. PLACE OF DEATH:  
(a) County **Barry**  
(b) City or town **Monett**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Frisco Yards 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **Tarkio**  
(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 **Theodore Vance**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **23**  
year **1942** hour **2:30** minute **9** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him **alive on** \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex **Male 0** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single 0**  
7. Birth date of deceased **Jan. 8, 1925**  
(Month) (Day) (Year)

Immediate cause of death **Crushed Skull** Duration \_\_\_\_\_  
Due to **Crushed by pipeline Road Road Car**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **169'6**

8. AGE: Years **17** Months **4** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Tarkio Missouri 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**  
11. Industry or business \_\_\_\_\_  
12. Name **Carl Vance**  
13. Birthplace **Tarkio, Missouri 0**  
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**  
15. Birthplace **Don't Know 9**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident 205**  
(b) Date of occurrence **May 23, 1942**  
(c) Where did injury occur? **Monett, Barry MO.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**in a Rail way Car**  
While at work? **no** (Specify type of place) Means of injury **Crushed.**

16. (a) Informant **Davis Furn. & Und. Co.,**  
(b) Address **Tarkio, Mo.**  
17. (a) **Burial** (b) Date thereof **5-25-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Home Cemetery**  
18. (a) Signature of funeral director **Monett**  
(b) Address \_\_\_\_\_  
19. (a) **5-25-1942** (b) **Mrs. Geo. Harman**  
(Date received local registrar) (Registrar's signature)

**1075** (Licensed Embalmer's Statement on Reverse Side) **Coroner of Barry Co MO**

RECEIVED

District Health Officer No. 6,

District File Number 642-796

Date Filed JUN 9 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.....

*J. D. Buchanan*  
working under my personal supervision.

....., Registered Apprentice No.....

Signed *J. D. Buchanan*  
.....  
Licensed Embalmer No. 3179

P. O. Address Monroeville 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.**