

S. No. 2
4-4-42
5-17-39
K32873

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital, of institution, or other place Kansas City General Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital of institution 7-19-42-7-22-42
(Specify whether) _____
In this community 40 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") _____
(d) Street No. 6018 Anderson Avenue
(If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Joe J. Vance
(b) If veteran, name war No
(c) Social Security No. 487-10-6477

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22nd
year 1942 hour 10 minute 50 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mrs. Edna Vance
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased: June 11 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.
that I last saw him Carover _____, 19____.

8. AGE: Years Months Days If less than one day
46 1 11 hr. min.

Immediate cause of death Fracture of pelvis Duration _____
Reflex peritoneal hemorrhage
Sub-arachnoid hemorrhage
Due to Automobile Traumatism

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

Due to _____
Other conditions 170 C
(Include pregnancy within 3 months of death) 25

10. Usual occupation Live Stock Commission Man

11. Industry or business John Clay and Company
12. Name James R. Vance
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Grace Leidy
15. Birthplace Dover
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy see above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Joe J. Vance
(b) Address 6018 Anderson
17. (a) Burial (b) Date thereof July 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 7-24-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 1142
(b) Date of occurrence 7/19/42
(c) Where did injury occur? D. Shreve St., Jackson, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place - D. Shreve St. #24.
While at _____ (Specify type of place) _____
(e) Means of injury motor car
23. Signature [Signature] (M. D. or other) _____
Address K.C. Mo. Date signed 7/23/42

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

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. Verigil Herrick*
Licensed Embalmer No. *3599*
P. O. Address *Kansas City 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.