

S. No. 2
-4-13-40
7-5-17
X 159

By Post 9557

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 38

Primary Registration District No. 3006-5720

Registrar's No. 73

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

10
29
4

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(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 _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME LAVISA ANN VANCE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased 12 29 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

95 7 16 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name William Thomas Robinson

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

14. Maiden name Mary Ann Robinson

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

16. (a) Informant Mrs. Jackson Taylor

(b) Address Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Central Mo Cem

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

(b) Address Columbia Mo

19. (a) 3/15-1948 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 1305 Kellan
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1948 hour 11 minute 15 AM

21. I hereby certify that I attended the deceased from 3-14-1948
to 3-14-1948

that I last saw him alive on 3-14-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary block Duration 2 hrs

Due to Following Fle Pneumonia

Due to No 33

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy _____

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) No

(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? No

23. Signature W. P. [unclear] (M. D. or other) MD

Address Columbia Mo Date signed 3-20-48

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

Thomas J. Smith

Licensed Embalmer No.

4313

P. O. Address

Centerville, 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.