

S. No. 2
M-1-4-41
v. 5-17-39
I X

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28149
State File No. _____
Registrar's No. 22

FILED AUG 18 1943
Registration District No. 109

Primary Registration District No. 5424

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Campbell, Mo. R# 3
(c) Name of hospital or institution: _____
(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 Mo (b) County Dunklin
(c) City or town Campbell, Mo. R# 3
(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 Lula Ludella Vance
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6 - 1943
year _____ hour 5 PM minute _____ M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. R. Vance
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 6-1-1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-10-43
_____ 1943 to 7-6 1943
that I last saw him alive on 7-6-43 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 6 Days 0
If less than one day _____ hr. _____ min.

Immediate cause of death arteriosclerosis, hypertension, apoplexy
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 830

9. Birthplace Piggott, Ark (City, town, or county) Ark (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name William Webster
13. Birthplace Tenn (State or foreign country)
14. Maiden name Marion Reaps
15. Birthplace Tenn (State or foreign country)

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

16. (a) Informant J. R. Vance
(b) Address Campbell, Mo. R# 3
17. (a) Burial (b) Date thereof 7-9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Piggott, Ark
18. (a) Signature of funeral director W. H. Juby
(b) Address Rector Ark
19. (a) 7-10-1943 (b) Miss P. Oliver
(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) _____
(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. E. Turner (M. D. or other)
Address Piggott Ark Date signed 7-9-43

RECEIVED

District Health Office No. 2,

District File Number 843-1060

Date Filed 8-13-43

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.....

John R. Casner

Licensed Embalmer No. 2912

P. O. Address.....

Rector, Ark

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.