

FILED DEC 13 1943

Registration District No. **251**

Primary Registration District No. **2045**

Registrar's No. **186**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Maryville**
(If outside city or town limits, write "RURAL" and name of township)
(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 **75 years** (Specify whether years, months or days)
In this community **75 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Maryville**
(If outside city or town limits, write "RURAL")
(d) Street No. **No. 2 Elm Square** (If rural, give location)
(e) Citizen of foreign country? **yes** (Yes or No)
If yes, name country **Denmark**

3. (a) PRINT FULL NAME **Caroline Torrance**

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Hosea Torrance** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 30 1848**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	95	9	28	hr. _____ min. _____

9. Birthplace **unknown** **Denmark**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **unknown**

MOTHER FATHER { 12. Name **unknown**
13. Birthplace **unknown** **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown** **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Clarence Vogt**
(b) Address **Maryville Missouri**

17. (a) **burial** (b) Date thereof **11-30-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Miriam cemetery**

18. (a) Signature of funeral director **Price Funeral Home**
(b) Address **Manville Mo.**
19. (a) **Dec. 2-43** (b) **Amy Barber**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **30**
year **1943** hour **5** minute _____ P. A. M.

21. I hereby certify that I attended the deceased from **Jan 15-1942**
Nov 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **acute dilatation of heart - based on old myocarditis**

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death) **93d**

Major findings: Of operations Of autopsy

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 **Chas. Bell** (M. D. or other)
Address **Manville Mo.** Date signed **10/30/43**

Duration
Physician
Underline the cause to which death should be charged statistically.

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

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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 Clem M. Price
Licensed Embalmer No. 1822
P. O. Address Mayville, N.C.

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.