

FILED DEC 29, 1943

Registration District No. 13

Primary Registration District No. 4026

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Purdy
(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 1 year
In this community 1 year
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Charles H. Quance

3. (b) If veteran, name war Spanish American
3. (c) Social Security No. no.

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah Quance 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 14 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Freeport Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Pensioner

11. Industry or business none

12. Name Dont know

13. Birthplace 0
(City, town, or county) (State or foreign country)

14. Maiden name Dont know

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

16. (a) Informant Mrs. Sarah Quance

(b) Address Purdy Mo.

17. (a) Burial (b) Date thereof Oct 20 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eureka S.P. - INGS, Ark.

18. (a) Signature of funeral director Berryville, Ark.

(b) Address Berryville, Ark.

19. (a) Nov 13 - 1943 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry
(c) City or town Purdy
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1943 hour 4:30 minute P 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.

Immediate cause of death Coronary Occlusion of Arteries

Due to was instantaneous

Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

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) Means of injury 200

23. Signature John R. Eason (M. D. or other) 200
Address Wheaton Mo Date signed 08-19-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
MOTHER FATHER
Not available

1320

(Licensed Embalmer's Statement on Reverse Side)

Coroner of Barry Co

RECEIVED

District Health Officer No. 6,

District File Number 1243-1311

Date Filed DEC 7 1943

JAN 24 1944

JAN 2 01944

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.....

Gilbert P. Susco

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Gilbert P. Susco

Licensed Embalmer No. 561

P. O. Address.....

Berryville, 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.