V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 2 1945

State File No. 23567

Registration District No. 43 Primary Registration District No. 5135 Registrar's No. 196

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Broseley (Rural)
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler
(c) City or town Broseley
(If outside city or town limits, write "RURAL")
(d) Street No. Rt #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Died unnamed Nance
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 7 (Day) 1945 (Year)

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

9. Birthplace Broseley (City, town or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Chester A. Nance
13. Birthplace Dunklin County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Opal Rosetta Beers
15. Birthplace Butler County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Chester A. Nance
(b) Address Broseley, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mope Hill
18. (a) Signature of funeral director Frank Cotrell
(b) Address Pebley Bluff, Mo.
19. (a) 7-18-45 (Date received local registrar) (b) Belle Kunce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1945 hour 5 30 minute P. M.
21. I hereby certify that I attended the deceased ~~from~~ July 9, 1945, 19..., to ..., 19...; that I last saw her alive on July 9, 1945, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Premature Birth
Due to (Fetus 6 1/2 to 7 months)
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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)
(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 Gordon Fiske M.D. (M.D. or other)
Address Fisk, Missouri Date signed July 10, 1945

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 84-5-99
Date Filed 8-1-45

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Grover W. Green

Licensed Embalmer No. 3964

P. O. Address Poplarville Miss

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.