

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1337

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
1904 Angelique St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 10 yrs. 5 Mos. 18 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1904 Angelique
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Malon Nance

3. (b) If veteran, name war none, child 3. (c) Social Security No. none

4. Male 2 5. Color or race negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 23 1935
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 5 18 hr. _____ min. _____

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

10. Usual occupation School Boy

11. Industry or business none

12. Name Bernard W. Nance

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

14. Maiden name Hazel Massey

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

16. (a) Informant Hazel Nance

(b) Address 1904 Angelique

17. (a) Burial (b) Date thereof Dec 17 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Ramsay & Son
(b) Address 1602 Mesquite St.

19. (a) Dec 19 1945 (b) A. Williams
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Dec. day 13, 1945
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 26 1945
_____ 19 _____ to Dec 13 1945
_____ 19 _____
that I last saw him alive on Dec 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy of cereb.
by a fall on
play ground.
Due to _____
Due to _____

Duration
103
days

Other conditions (include pregnancy within 3 months of death) 5

Major findings: Of operations 10/10
Of autopsy 10/10

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) acc. 13/1

(b) Date of occurrence Aug 28 1945

(c) Where did injury occur? St. Joseph Buchanan Co
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
caused at play in church yard
(Specify type of place) (e) Means of injury fall

23. Signature F. Taylor (M. D. or _____)
Address 104 W. W. Moore Date signed 12/17/45

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

MOTHER FATHER

14 1945

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 J. F. Ramsey
Licensed Embalmer No. 4081
P. O. Address 1602 Madison

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.