

S. No. 2
 OM-8-43
 Rev. 5-17-39
 I X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41080**

FILED JAN 11 1946

Registration District No. **101**

Primary Registration District No. **4173**

Registrar's No. **38**

1. PLACE OF DEATH:
 (a) County **Douglas**
 (b) City or town **Ava**
 (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.....
 In this community.....
 years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Douglas**
 (c) City or town **Brushyknob Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?.....
 If yes, name country.....

3. (a) PRINT FULL NAME **Thomas J. Nance**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** day **25**
 year **1945** hour **1** minute **30** P.M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Martha N. Elliott Nance**
 6. (c) Age of husband or wife if alive **69** years
 7. Birth date of deceased **December 9, 1872**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Dec 19**
1945 to **Dec 25** 19**45**
 that I last saw him alive on **Dec 23** 19**45**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	73	0	16	hr. min.

Immediate cause of death **Rectal Cancer**
 Duration
 Due to **Disruption of Coronary Arteries**
 Due to

9. Birthplace **Douglas County, Missouri**
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy

10. Usual occupation **Farming**
 11. Industry or business

MOTHER FATHER
 12. Name **Thomas Nance**
 13. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Cecil Haynes**
 15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Martha N. Nance**
 (b) Address **Brushyknob, Missouri**

17. (a) **Burial** (b) Date thereof **12- -45**
 (Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation **Brushyknob**
 18. (e) Signature of funeral director **Clinkingbeard Funeral Home**
 (b) Address **Ava, Missouri**

While at work? (Specify type of place) (e) Means of injury
 23. Signature **[Signature]** (M. D. or other)
 Address **[Signature]** Date signed **1/13**

19. (a) **Jan 5-46** (b) **Uestel Bushman**
 (Date received local registrar) (Registrar's signature)

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

34
 /
 0

1441

1494

RECEIVED

District Health Officer No. 6,

District File Number 146-51

Date Filed JAN 9 1946

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 W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ara MO

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.