

**FILED** MAY 27 1946  
Registration District No. ....

Primary Registration District No. 1062

Registrar's No. 2153

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3547 PARK AVENUE 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution  
In this community 50 YEARS  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 3547 PARK AVENUE  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MR ISAAC NEWTON VANCE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11  
year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 1939  
to May 11, 1946  
that I last saw h alive on May 10, 1946  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MARY ELIZA BETH VANCE

6. (c) Age of husband or wife if alive 5 years 1854

7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death Acute Nephritis

Due to Severely

Due to Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131

Of autopsy

8. AGE: Years Months Days If less than one day

92	3	6	hr. min.
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9. Birthplace ABINGDON VIRGINIA  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

11. Industry or business

12. Name JAMES VANCE

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

14. Maiden name MARY GOBBLE

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

16. (a) Informant MRS. CLAUDE VANCE

(b) Address 1410 E 79th STREET

17. (a) BURIAL (b) Date thereof MAY 13, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST Hill Cem.

18. (a) Signature of funeral director O. H. Newman, Inc.

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-13-46 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 0

23. Signature James S. Lingen M.D. or other) MD  
Address 1410 Bingham Blvd Date signed 5/11/46

*Wm. J. B. Beldy*

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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 *E. Oscar Northey*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

**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.**