. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

25820

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26978

State File No.

FILED SEP 10 1946

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 73

1. PLACE OF DEATH:

(a) County HOWELL

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

(c) Name of hospital or institution:
WEST PLAINS HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County TEXAS 107

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6 MI N. W. HOUSTON 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME WILLIAM PEARL VANCE

3. (b) If veteran, name war

3. (c) Social Security No. 433-18-1754

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ADA VANCE

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct (Month) 18 (Day) 1878 (Year)

8. AGE: Years 67 Months 9 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) ILL. 1 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace (City, town, or county) UNKNOWN 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN 9 (State or foreign country)

16. (a) Informant MRS ADA VANCE
(b) Address BUCYRUS, MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation HOUSTON, MO.

18. (a) Signature of funeral director [signature]
(b) Address West Plains, Mo.

19. (a) Aug. 12, 1946 (Date received local registrar) (b) Gladys Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 11
year 1946 hour 5 minute P M.

21. I hereby certify that I attended the deceased from 8/10, 1946 to 8/11, 1946
that I last saw him alive on 8/11, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis General	3 days
Due to: Intestinal obstruction	4 days
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.

122 B

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Maurice Thompson (M. D. or other) MD
Address West Plains Mo Date signed 8/12/46

(Licensed Embalmer's Statement on Reverse Side)

R[illegible]ED
D[illegible] [illegible]er No 5,
District File Number 946487
Date Filed 9-5-46

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 Paige D Roberton

Licensed Embalmer No. 3432

P. O. Address West Plains 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.