S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 10 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21289

Registration District No. 146 — Primary Registration District No. 3026 — Registrar's No. 196

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day (Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. RR4 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MR. EZRA NANCE
3. (b) If veteran, name war
3. (c) Social Security No. 499-09-8609
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Minnie M. Nance
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased March 17, 1888 (Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Fristoe, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation laborer
11. Industry or business
FATHER
12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Annie Nance
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Minnie M. Nance 1
(b) Address Rte 4, Independence, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.
18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence, Mo.
19. (a) 6-18-47 (Date received local registrar) (b) [signature] (Registrar's signature) 354

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 15
year 1947 hour 1 30/4 minute 9 M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Insufficiency	
Due to [illegible]	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 3
23. Signature [signature] (M. D. ~~or other~~) Coroner
Address 1424 [illegible] Date signed 6-15-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 20 1948

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 Chas. Tyler, Registered Apprentice No. 411, working under my personal supervision.

Signed Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, 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.