

FILED JAN 16 1948

Registration District No. 386

Primary Registration District No. 4082

Registrar's No. 25-

1. PLACE OF DEATH:

(a) County CARROLL
(b) City or town Boyard Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
no. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 YEARS. years, months or days

3. (a) PRINT FULL NAME ALBERT McLELLAN VANCE

3. (b) If veteran, name war _____ 3. (c) Social Security No. no.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ or wife LEMA VANCE 6. (c) Age of ~~husband~~ or wife if alive 66 years
7. Birth date of deceased FEB. 22 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 10 14 hr. min.

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

10. Usual occupation Ret. FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name John Vance
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
14. Maiden name OWENS
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lema Vance
(b) Address Boyard Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan 8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Coloma

18. (a) Signature of funeral director E. A. Dickerson
(b) Address Boyard Mo.

19. (a) Jan 8-1948 (Date received local registrar) (b) Emance Street (Registrar's signature) 11 X

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17
(c) City or town Boyard Mo. (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1948 hour 2 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____ 1948 to _____ 1948
that I last saw him alive on Jan 5 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 day

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy 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) _____
(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? (a) Means of injury 2

23. Signature G. Y. Alcorn (Date received local registrar or other) _____ Address Boyard Mo Date signed 1-9-48

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-15-48

MAR 29 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

E. H. Dickerson

Licensed Embalmer No.

2434

P. O. Address

Bayard M.

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.