

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1948

Registration District No. 27

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4372

State File No.

9589

Registrar's No.

63

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Burlington Junction
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 60 yrs
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Anna Elizabeth Vance3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife George Vance
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 13, 1857
 (Month) (Day) (Year)

8. AGE: Years 90 Months 11 Days 0
 If less than one day
 _____ hr. _____ min.

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

10. Usual occupation Housewife11. Industry or business Home

12. Name Solomon Lentz
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Mart Ann Riddle
Ohio
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Iva Shelton
 (b) Address Burlington Jct Mo
burial
 (c) Date thereof 3/15/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (d) Place: burial or cremation Burlington Jct

18. (a) Signature of funeral director _____
 (b) Address Burlington Jct Mo
3-20-48
 19. (a) 3-20-48 (b) Bess Holt
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
 year 1948 hour 9 minute _____ P.M.

21. I hereby certify that I attended the deceased from Dec. 1943 to Mar. 13, 1948
 that I last saw her alive on Mar. 13, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Cancer of nose
Advanced age, myocardial
degeneration

Duration

5 yrs.

Due to _____

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 sta-
 tistically.

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 2
 23. Signature S. E. Wallace (M. D. or other)
 Address Burlington Jct, Mo. Date signed 3-18-48

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No. 2265

P. O. Address.....

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.