

FILED MAY 1 1948

Registration District No. 279

Primary Registration District No. 6274

Registrar's No. 10

1. PLACE OF DEATH:

(a) County North

(b) City or town North Missouri - Rural
(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 _____ (Specify whether)

In this community Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North

(c) City or town North Mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. West of North 3 miles
(If rural, give location)

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

3. (a) PRINT FULL NAME Marry Bell Vance

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color of race W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: William P Vance

6. (c) Age of husband or wife if alive: Not alive

7. Birth date of deceased: Sept 20 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 25 If less than one day hr. min.

9. Birthplace: Unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: "

MOTHER FATHER

12. Name Thompson Parks

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

14. Maiden name Margaret Ann Hardwick

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

16. (a) Informant Mrs Nettie Barnes

(b) Address North Missouri

17. (a) Burial (b) Date thereof April - 17 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Barnes Cemetery

18. (a) Signature of funeral director: John Andrews

(b) Address North City Mo

19. (a) April 19 1948 (b) John E. Sawyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 13 1948 to April 15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 2 day

Due to: Arteriosclerotic Cardiovascular Disease

Due to: Disease

Other conditions: Arthritis deformans 12 yrs

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

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

23. Signature: Frank B. [unclear]

Address: North City Mo Date signed 4/17/48

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

13
0
0

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.....

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

Signed.....*John Andrews*.....
Licensed Embalmer No. *4211*.....
P. O. Address. *Grant City 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.