

FILED JUL 30 1948

Registration District No. **178**

Primary Registration District No. **4285**

Registrar's No. **40**

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

3. (a) PRINT FULL NAME **GEORGE WILLIAM VANCE**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MYRTLE VANCE** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **APRIL 7, 1883**
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **Brown County 222.1**
(City, town or county) (State or foreign country)

10. Usual occupation **MERCHANT**

11. Industry or business _____

12. Name **JONATHAN VANCE**
13. Birthplace **BROWN COUNTY 222.1**
(City, town or county) (State or foreign country)

14. Maiden name **ELIZABETH SMITH**

15. Birthplace **Brown County 222.1**
(City, town or county) (State or foreign country)

16. (a) Informant **Myrtle Vance**

(b) Address **Lewistown Mo**

17. (a) **Funeral** (b) Date thereof **7/21/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lewistown Mo**

18. (a) Signature of funeral director **James A. ...**

(b) Address **Lewistown Mo**

19. (a) **7-22-48** (b) **John J. ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **LEWIS**
(c) City or town **LEWISTOWN**
(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 **July** day **18** year **1948** hour **10** minute **A.** M.

21. I hereby certify that I attended the deceased from **Feb 6** 1948 to **July 18** 1948
that I last saw him alive on **July 18** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Atherosclerosis**
Due to **Coronary Atherosclerosis**

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

Major findings: Of operations _____
Of autopsy **9/4/6**

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 **John J. ...** (M.D. or other) _____
Address **Lewistown Mo** Date signed **7/21/48**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

AUG 1948

RECEIVED

GEORGETOWN

RECEIVED

District Health Offices No

District File Number 7-48-6

Date Filed JUL 28 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

Charles F. Arnold, Sr.

Registered Apprentice No.

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working under my personal supervision.

Signed

James Rodes

Licensed Embalmer No.

2532

P. O. Address

Luwinstown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.