

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1947

Registration District No. _____

Primary Registration District No. 3012

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether _____)

In this community 16 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(c) State Missouri (b) County Clay ²⁴

(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 728 Elmwood St. ^P
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charles Benjamin Nance

3. (b) If veteran, name war World War I

3. (c) Social Security No. 500 28 5753

4. Sex Male ^D **5. Color or race** White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Betty K. Nance

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 17, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>1</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Guard Chaffeur

11. Industry or business Veterans Administration

12. Name Charles C. Nance

13. Birthplace Richmond Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Idea M. McGrew

15. Birthplace Rock Island Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Admin-

(b) Address Excelsior Springs, Missouri

17. (a) Removal Excelsior Springs, Missouri
(Burial, cremation, or removal)

(b) Date thereof 8-9-47
(Month) (Day) (Year)

(c) Place: burial or cremation Richmond Missouri

18. (a) Signature of funeral director Charles Hope
HOPE FUNERAL HOME

(b) Address Excelsior Springs, Missouri

19. (a) 8/12/47 **(b)** Caroline Hutchings
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1947 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from August 1 1947, to August 9 1947;
that I last saw him alive on August 9 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion ^{Duration} 3 hours

Due to _____

Due to _____

Other conditions Tuberculosis, pulmonary ^{Unknown}
(Include pregnancy within 3 months of death)
minimal, activity undetermined

Major findings:
Of operations _____

Of autopsy No Autopsy Performed ^{3 B}

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 _____

23. Signature Wm. H. Bailey (M. D. or other) M.D.
Address Veterans Administration Hosp - Excelsior Springs, Missouri signed 8-9-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-10-47

NOV 24 1947

MAN 5 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 James

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.