

REC'D JUN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19062
 Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 469
 (b) Township Wagoner Primary Registration District No. 3-630 Registered No. 6
 (c) City Miller (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Benjamin Noble Vance
 (a) Residence, No. Miller Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Huston Vance

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 4 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. at Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME Benjamin Boyne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Penny

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Frank Vance
Danson Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Danson Mo. DATE 5-26-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morris & Leiman
Miller Mo.

20. FILED 6-1-1939 W. S. Bunn Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25-1939

22. I HEREBY CERTIFY, That I attended deceased from 5-5-1939 to 5-25-1939

I last saw h. 8 alive on 5-25-1939 Death is said to have occurred on the date stated above, at 2:20 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset _____

Other contributory causes of importance: 108

Name of operation clinical Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? 70

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) W. S. Bunn, M. D.
Miller (Address)

RECEIVED

District Health Officer No. 6,

District File Numt: 6-6-39-1156

Date Filed JUN 5 1939

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.....

H. R. Lerman....., Registered Apprentice No.....
working under my personal supervision.

Signed H. R. Lerman.....

Licensed Embalmer No. 3297.....

P. O. Address Miller 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, above space should be left blank.