

S. No. 2
M-5-43
v. 5-17-39
I X36871

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10288

Registrar's No. 107

Registration District No. 274

Primary Registration District No. 4408

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

1. PLACE OF DEATH:

(a) County Pettis

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

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

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

In this community 50 years
years, months or days

3. (a) PRINT FULL NAME John H Pace

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex Ma

5. Color or race W

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

6. (b) Name of husband or wife Martina June

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 12-20-1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Clerksburg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Dealin Forum

11. Industry or business Mo. Pac. R.R.

12. Name Benjamin Pace

13. Birthplace Do Not Know
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Prince

15. Birthplace Do Not Know
(City, town, or county) (State or foreign country)

16. (a) Informant Snags Mattie Pace

(b) Address Smithton Mo

17. (a) Burial (b) Date thereof 3-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director A. F. Neuniger

(b) Address Smithton Mo

19. (a) 3-19-47 (b) Betty Yeager
(Date received local registrar) (Registrar's name)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis Mo

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15
year 47 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 10-3-46
193 to 3-15-47
that I last saw him alive on 3-14-47
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 61

PHYSICIAN

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) _____ (Specify years of injury)

23. Signature [Signature] (M. D. number) Mo.

Address Smithton Mo Date signed 3/14/47

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RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-12-47

MAY 27 1947

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 A. F. Neuniger

Licensed Embalmer No. 3912

P. O. Address Smithton 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.