

REC'D MAY 10 1939

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

13982

Do not use this space.

1736

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 399
(b) Township Frank Primary Registration District No. 1002 Registered No. 1736
(c) City Jackson City (d) Street No. 50th & Prospect 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 32 yrs. mos. ds. (How long in U. S., if of foreign birth?) yrs. mos. ds.

2. PRINT FULL NAME

Mrs Florence B Mace
(a) Residence, No. 4514 Agnes 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) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Lewis B. Mace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 3 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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

13. NAME Unknown Arnold

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

15. MAIDEN NAME Alice Miller

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

17. INFORMANT (ADDRESS) Lewis B. Mace
4514 Agnes

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Merich DATE April 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) M. Neudorfer's Son
Brushcreek & Passes.

20. FILED Apr 25, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1939

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner

I first saw the deceased on April 23, 1939 Death is said to have occurred on the date stated above, at 545 P.M.

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

Coronary sclerosis
Acute myomalacia
Rupture of the heart
Hemopericardium
Date of onset 95/1

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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. H. Brubaker M. D.

(Address) Em. Hosp; K.P. 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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed.....

Hervy Quisenberry

Licensed Embalmer No. *4070*

P. O. Address *Kansas 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, above space should be left blank.