

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

12066
 Do not use this space.

APR 23 1940

1. PLACE OF DEATH

(a) County Platte Registration District No. 696
 (b) Township Carroll Primary Registration District No. 4419
 (c) City Tracy (d) Street No. _____ Registered No. 4
 (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 MILLIE ANGELINE PACE 2

(a) Residence, No. TRACY, MISSOURI St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WILLIAM F. PACE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 21, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
73 3 22

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. HOUSEWIFE
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DAVIS COUNTY, MISSOURI

FATHER 13. NAME FRANCIS DAVIS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DAVIS COUNTY, MISSOURI

MOTHER 15. MAIDEN NAME LOUISA PARKER

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

17. INFORMANT (ADDRESS) MARGARET HULET TRACY, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE PLATTE CITY DATE MAR. 15, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. F. ROLLINS PLATTE CITY, MO.

20. FILED 3/15 1940 Miss Francis E. Murray Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/1940 1940

22. I HEREBY CERTIFY, That I attended deceased from September 1938 to March 13, 1940
 I last saw her alive on March 13, 1940 Death is said to have occurred on the date stated above, at 11:45 A.M.
 The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia
apoplexy - cerebral
arteriosclerosis
50

Date of onset 3/11/40

3/12/40

Other contributory causes of importance:
Carcinoma of Breast

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO.

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? No.
 If so, specify _____
 (Signed) Francis E. Murray M. D.

(Address) Platte City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 11,
District File Number 440-504
Date Filed APR 10 1940

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,

E. Benjamin Cast

, or by

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

Signed

E. Benjamin Cast

Licensed Embalmer No. 4059

P. O. Address Platte City, Missouri

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.