

BUREAU OF VITAL STATISTICS
WED MAY 7 1940

State File No. _____

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 hrs.
(Specify whether
In this community 40 yrs.
years, months or days)

3. (a) PRINT FULL NAME Dennis Fredrick Grace ⁶²⁰

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Tillie Grace 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 18 1872
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 6 If less than one day hr. _____ min. _____

9. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 5

12. Name Dennis Grace

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

14. Maiden name Ann Logan

15. Birthplace Irland
(City, town, or county) (State or foreign country)

16. (a) Informant Tillie M. Hay Grace

(b) Address 807 Wesley

17. (a) Burial (b) Date thereof 4-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cem.

18. (a) Signature of funeral director J. W. McHenry

(b) Address Robbers, Columbia, Mo.

19. (a) 4/25/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone
(c) City or town Columbia, Mo., R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No. East of Columbia
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 23
year 1940 hour 8 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 3-28-
_____ 1940 to 4-23-
_____ 1940

that I last saw him alive on 4-23- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death typhus fectionis Duration 3 wks.

Due to _____ 94%
Due to _____

Other conditions Myocarditis 1936
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: None

Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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? 74

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. D. Acvat (M. D. or other) _____
Address Columbia, Mo. Date signed 4-25-40

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

Durant

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 *me*

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

Signed *Tom W. Harg*

Licensed Embalmer No. *40679*

P. O. Address *Columbia, 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.