

No. 2  
1-4-41  
17-39  
X28390

FILED SEP 2 1941

Registration District No. 201

Primary Registration District No. 5280.3012

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Clay Liberty  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Home 214 D. Mann St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 28 years (Specify whether  
In this community 28 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 024  
(c) City or town Liberty 7  
(If outside city or town limits, write "RURAL")  
(d) Street No. 214 D. Mann St (If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Ella Joze Mace  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NO

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 3  
year 1941 hour 13 minute 53 P.M.  
21. I hereby certify that I attended the deceased from April  
1941 to July 3 1941.  
that I last saw her alive on July 3 1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Irvin Mace  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Aug. 6 1893  
(Month) (Day) (Year)

Immediate cause of death Generalized Carcinomatous (Primary unknown)  
Duration 6 Mo.

8. AGE: Years 47 Months 10 Days 27 hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 55

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

10. Usual occupation Homekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Tiberian Bush

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

14. Maiden name Matilda Farmer

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

16. (a) Informant Irvin Mace  
(b) Address 214 D. Mann Liberty Mo

17. (a) Burial (b) Date thereof July 7 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmer, Liberty, Mo

18. (a) Signature of funeral director G. Murch. Welch Co.  
(b) Address Liberty, Mo.

19. (a) July 5-41 (b) Heber Early  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
Of autopsy none

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature N.R. Schulmacher (M. D. or other) M.D.  
Address Liberty Mo Date signed July 4 1941

726 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 8,  
District File Number 8-26-41  
Date Filed

**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 Edgar Archer  
Licensed Embalmer No. 3311  
P. O. Address Liberty, Md

**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.**