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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28324

FILED SEP 11 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 674

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULLNAME Guy Roger Mace

3. (b) If veteran, name war World War I

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rebecca Mace

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

7. Birth date of deceased April 9, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

✓ 57 4 10 hr. min.

9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Gasoline and Oil Business

11. Industry or business " "

MOTHER FATHER { 12. Name William Mace

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

14. Maiden name Mary Ellen Margaret (Unknown)

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

16. (a) Informant Roger Mace

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 8/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 8-21-41 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 625 S. National
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19,
year 1941 hour 11:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 18, 41
1941 to Aug 19, 41 1941;
that I last saw him alive on Aug 19 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death) 83

Duration 12 hrs

3 yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

_____ of autopsy _____

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? _____

(Specify type of place) _____

(e) Means of injury _____

23. Signature Francis B. Camp (M. D. or other) MD
Address Springfield Date signed Aug 23, 41

SEP 3 1941

SEP 4 1941

SEP 8 1941

DEC 9 1954

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

Lewis G. Scherff

Licensed Embalmer No. *3802*

P. O. Address *Springfield, 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.