No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37668

Registration District No. 1 | Primary Registration District No. 1 | Registrar's No. 328

1. PLACE OF DEATH:
(a) County ADAIR
(b) City or town KIRKSVILLE MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H.S.O. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 WEEKS. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County KNOX 52
(c) City or town EDINA 1 0
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME GERTRUDE BERNICE GRACE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband ~~or wife~~ JOSEPH H. GRACE
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased 7 (Month) 20 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
50	7	0	hr. min.

9. Birthplace WEATHERBY MO (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
MOTHER FATHER
12. Name J. W. CHANNEL
13. Birthplace MISSOURI 0 (City, town, or county) (State or foreign country)
14. Maiden name LENORA RHODES
15. Birthplace MISSOURI 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lenora Channel
(b) Address Weatherby Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov 23/41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ WEATHERBY MO
18. (a) Signature of funeral director Pilcher Funeral Home
(b) Address Maryville Mo.
19. (a) Nov 20/41 (Date received by registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 year 1941 hour 8 minute 35 A.M.
21. I hereby certify that I attended the deceased from Oct. 19, 1941, to Nov. 20, 1941; that I last saw her alive on Nov. 19, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebro-spinal Meningitis	
Due to: Primary Ear Infection	
Due to: Pneumococcus —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Two Spinal punctures — Early in case —
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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)
While at work? (e) Means of injury

23. Signature A. L. Hardy (M. D. or other)
Address KCOS Hospital Kirksville Mo Date signed 11/20/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-41-2099
Date Filed DEC 3 1941

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. 3960 working under my personal supervision.

Signed C. T. Kilcher

Licensed Embalmer No. 3960

P. O. Address Maysville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.