No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1721

FILED FEB 10 1942

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2717 Walnut Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 59 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2717 Walnut Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME George Edward Grace

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Male X

5. Color or race White

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

6. (b) Name of husband or wife Rosa E. Grace

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

7. Birth date of deceased September (Month) 10 (Day) 1862 (Year)

8. AGE: Years 79 Months 4 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Columbus (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired Plumber

11. Industry or business

FATHER
12. Name George Grace
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Miss May Grace
(b) Address 2717 Walnut Street, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1- 27-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) Jan. 27, 1942 (Date received local registrar) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 year 1942 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 3, 1941, to Jan 15, 1942; that I last saw him alive on Jan 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Stomach	1 yr
Due to Starvation	6 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46 b

Major findings:
Of operations ✓
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 Charles H. Werner (M. D. or other) MD
Address 221 Kirkpatrick Bldg. Date signed 1-27-42

(Licensed Embalmer's Statement on Reverse Side)

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 Oby J.Ester

Licensed Embalmer No. 4154 Missouri

P. O. Address St. Joseph, 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, fact should be so stated above.