V. S. No. 2
10M—5-42
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5841

FILED MAR 8 1943

Registration District No. 4 | Primary Registration District No. 1000 | Registrar's No. 218

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: St.Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community life

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. 212 E. Valley St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James W.Grace.
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased Sept.26.1874 (Month) (Day) (Year)
8. AGE: Years 69 | Months 5 | Days 0 | If less than one day ... hr. ... min.
9. Birthplace Buchanan County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name John Grace
13. Birthplace Unknown / Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Frances Stires
15. Birthplace Unknown / Indiana (City, town, or county) (State or foreign country)
16. (a) Informant John S. Grace
(b) Address 55 E. Valley St. St. Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem.
18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) 2-28-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26 year 1943 hour 10:05 minute a M.
21. I hereby certify that I attended the deceased from ... 19... to ... 19...; that I last saw h... alive on ... 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction & Gangrene of Bowel	
Due to Herniation through	
Due to Omentum	5 Days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

122 b

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 Payton Smith (M. D. or other) MD
Address [illegible] St Joseph, Mo Date signed 3/2/43

1233

(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 Ewed Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph

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.