

FILED MAY 15 1943
Registration District No. **2285**

Primary Registration District No. **6066**

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

1. PLACE OF DEATH: **St. Clair**

(a) County **St. Clair**

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

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

(d) Length of stay: In hospital or institution **All of Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **93**

(a) State **Missouri** (b) County **St. Clair**

(c) City or town **Rockville Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT **Marion Keith Pace**
FULL NAME

3. (b) If veteran, **No** name war _____ 3. (c) Social Security **10**

4. Sex **Male** 5. Color of **White** race _____ 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **July 30 1928**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	14	8	5	_____ hr. _____ min.

9. Birthplace **Rockville Missouri Rural**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **Boyd Pace**
St. Clair County Missouri

13. Birthplace **Alma Henderson**
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant **Boyd Pace**
(b) Address **Rockville Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-7-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Roscoe Cemetery**

18. (a) Signature of funeral director **Osceola Funeral Home**
(b) Address **Osceola Missouri**

19. (a) **4-7-43** (Date received local registrar) (b) **J. B. Boudieck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5** year **1943** hour **11** minute **30** A. M.

21. I hereby certify that I attended the deceased from **3/10/42** to **4/5/43** that I last saw him alive on **4/5/43** and that death occurred on the date and hour stated above.

Immediate cause of death **Endocarditis (overgrown)** **14780**

Due to **910**

Other conditions **Chronic nephritis** **570**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none performed**
Of autopsy **none performed**

Duration
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **M. J. Bierke** (M. D. or other) **MD**
Address **Rockville, Mo.** Date signed **4/7/43**

RECEIVED

District Health Officer No. 71

District File Number 4-43231

Date Filed 5-11-43

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 Paul Trivettone

Licensed Embalmer No. 3990

P. O. Address Oscoda Mich

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.