

FILED JUN 8 1943

Registration District No. 10272

Primary Registration District No. 5289

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: 1 ✓ Hill Top Camp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

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

(d) Street No. Rural R.R. # 8 -
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME GRACE MAUD VEACH

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. 6495-20-1602

4. Sex F

5. Color or race W

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

(b) Name of husband or wife Roy E. Veach

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

7. Birth date of deceased Nov. 5th, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>6</u>	<u>23</u>	hr. _____ min.

9. Birthplace DES MOINES - Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Dr. John A. Duval

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

14. Maiden name Sadie Barryhill
(City, town, or county) (State or foreign country)

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

16. (a) Informant Roy E. Veach

(b) Address Winnwood Beach

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cmn.

18. (a) Signature of funeral director Morton H. Howe

(b) Address NO. KAN. CITY, MISSOURI

19. (a) May 31 - 1943 (b) Rich N. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1943 hour 2 minute _____ P.M.

21. I hereby certify that I attended the deceased from MAY 21 to MAY 28, 1943, that I last saw her alive on MAY 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Chr. Myocarditis

Due to _____

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

Major findings: Of operations 93d

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature D. S. Pate (M. D. certified) _____
Address North Kansas City Date signed 5/31/43

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

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-7-43

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 John S. Morton

Licensed Embalmer No. 4349

P. O. Address W. Kansas City, 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.