

FILED NOV 12 1943

Registration District No. 107

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Kennett 9no  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin  
(c) City or town Kennett  
(d) Street No. 714 Kennett St  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SAM-T. PACE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Telda Pace 6. (c) Age of husband or wife if alive UNKNOWN years

7. Birth date of deceased APRIL 21 1877  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Shoe Reps

11. Industry or business \_\_\_\_\_

12. Name Dant Knowl

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

14. Maiden name Dant Knowl

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

16. (a) Informant Mrs Rosetta Bausich

(b) Address RT 1 - Linden Mich

17. (a) Burial (b) Date thereof 10 1-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Senath Mo

18. (a) Signature of funeral director W T Emerson & Son

(b) Address Harveysville Mo

19. (a) 10-8-43 (b) Jubia Blankenship  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29  
year 1943 hour 11:32 minute a M.

21. I hereby certify that I attended the deceased from Sept 8 1943 to Sept 29 1943  
that I last saw him alive on Sept 28 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 10 days  
Due to arteriosclerosis and Hypertension 5 years  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 83a

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? 1

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature George G. Richmond (M. D. or other) \_\_\_\_\_  
Address Kennett Mo Date signed 10-29-43

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

X

RECEIVED

District Health Office No. 2,

District File Number 1143-142

Date Filed 11-11-43

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**