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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3812
Registrar's No. 163

FILED DEC 8 1943
Registration District No. 100

Primary Registration District No. 5390

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

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Springcreek Twp
(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 X
(Specify whether years, months or days)

In this community all his life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

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

(d) Street No. Spring Creek Twp
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas Harden Pace

3. (b) If veteran, name war 2

3. (c) Social Security No. 2

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife Nora Arnett

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb 23 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 3
If less than one day hr. min.

9. Birthplace Scott Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business X

MOTHER FATHER

12. Name Willis Pace

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

14. Maiden name Calira Hurt

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

16. (a) Informant Warden Cem

(b) Address Salem Mo

17. (a) burial
(Burial, cremation, or removal)

(b) Date thereof 11/29/43
(Month) (Day) (Year)

(c) Place: burial or cremation Warden Cem

18. (a) Signature of funeral director [Signature]

(b) Address Salem Mo

19. (a) 11-29-43
(Date received local registrar)

(b) Jos. D. McLeod by NBS
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1943 hour 9 minute PM

21. I hereby certify that I attended the deceased from Nov 10 1942 to Nov 20 1943
that I last saw him alive on Nov 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to Influenza

Due to 1248

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration 4 Yrs

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 0
(Specify type of place) (c) Means of injury

23. Signature [Signature] (M. D. or other) 0
Address Salem Mo Date signed 11-29-43

District Health Officer
District File Number
Date Filed

RECEIVED

District Health Officer No. 5,

District File Number 12-43689

Date Filed 12-7-42

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 Carl K. Johnson

Licensed Embalmer No. 2376

P. O. Address Salisbury

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.