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DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI

3818E

FILED DEC 13 1943

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany
(If outside city or town limits, write "RURAL" and name of township)
(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 25 years years, months or days)

3. (a) PRINT FULL NAME James Breathet Grace

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 2 divorced, widowed

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

7. Birth date of deceased April 16 1857 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Ray County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

12. Name Jess Grace

13. Birthplace Ray County Mo. (City, town, or county) (State or foreign country)

14. Maiden name Lucie Clevenger

15. Birthplace Ray County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Char Fry

(b) Address Albany Mo

17. (a) Burial (b) Date thereof 11-30-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Long Bar

18. (a) Signature of funeral director Chifford Burd

(b) Address Albany Mo

19. (a) 11/30/43 (b) James H. Mott (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38

(c) City or town Albany (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 28, year 1943, hour 11, minute A.M.

21. I hereby certify that I attended the deceased from Nov 15, 1943, to Nov 26, 1943 that I last saw him alive on Nov 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Acute Endocarditis Duration 2 days

Due to Concussion of Brain

Due to from fall Nov. 14, 1943

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

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) 138 ✓

(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) (2) Means of injury..... ✓

23. Signature C. J. Pray 2 (J. D. or Other) ✓

Address Albany, Mo Date signed 11-29-43

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

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... Edward Bush

..... Licensed Embalmer No. 3329

P. O. Address..... Alhany, Md

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 112c

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sentry

(b) City or town Albany
(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 _____ (Specify whether)

In this community 25 yr. years, months or days

3. (a) PRINT FULL NAME James B. Grace

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 _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 16 - 1893
(Month) (Day) (Year)

8. AGE: Years 86 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 28 Year 1943 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis 2d
Concussion of Skull

Due to from fall Nov 14-1943

Due to _____

Other conditions (include pregnancy within 3 months of death) 186a

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) accident, from fall

(b) Date of occurrence Nov. 14, 1943

(c) Where did injury occur? Albany, Sentry, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

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