

FILED MAY 13 1944
Registration District No. 3072

State File No. _____
Registrar's No. 79

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
752 So. Lafayette
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All her Life
years, months or days

3. (a) PRINT FULL NAME Mary Ida Pace

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas E. Pace 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 20 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 26 If less than one day
hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John L. Wolford
13. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary C. Freeman
15. Birthplace Pettis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas E. Pace
(b) Address Marshall, Mo.
17. (a) Burial (b) Date thereof 4/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill Cemetery

18. (a) Signature of funeral director J. Leslie Sumner
(b) Address Marshall, Mo.
19. (a) 4-18-44 (b) Mrs. J. O. Westbrook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 752 So. Lafayette
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1944 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from March 24 1944 to April 16 1944
that I last saw her alive on April 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
hypertension
Due to _____
Duration 4 wk

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: J. O. Westbrook
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?
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature J. O. Westbrook (M. D. or other) _____
Address Marshall Mo Date signed 4/17/44

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

12 15

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-12-44

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.....

J. Leslie Sumner

Licensed Embalmer No. 3235

P. O. Address.....

Marshall, 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.