

FILED JUN 12 1944

Registration District No. 325

Primary Registration District No. 3072

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Saline  
 (b) City or town Marshall  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
423 N Jefferson!  
 (If not in hospital or institution, give street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 10 Weeks  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter  
 (c) City or town Sealsville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 921 Tom 6 St.  
 (If rural, give location)  
 (e) Citizen of foreign country? 1 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Geo Thomas 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 WID

(b) Name of husband or wife Sophia Pace

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

7. Birth date of deceased 10 (Month)

17 (Day) 1868 (Year)

8. AGE: Years 75 Months 3 Days 3  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

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

12. Name J.W. Pace

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

14. Maiden name Martha M. Gandy

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

16. (a) Informant Mr. Robert Thompson

(b) Address 423 N Jefferson

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 17, 44 (Month) (Day) (Year)

(c) Place: burial or cremation Elston

18. (c) Signature of funeral director Geo. T. Neckles

(b) Address Sealsville

19. (a) May 17, 44 (Date received local registrar) (b) MOT. B. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
 year 1944 hour 4 minute 30 a.m.  
 21. I hereby certify that I attended the deceased from March 7th  
1944 to May 15 1944  
 and that death occurred on the date and you stated above.  
 that I last saw him alive on May 14 1944  
 Immediate cause of death Mitral Stenosis

Duration 10 years

Due to ✓  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
92 P

PHYSICIAN

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_  
 23. Signature Geo. T. Neckles (M.D. or other) DO.  
 Address Marshall Mo Date signed 5/15/44

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

977  
1  
2

12N

RECEIVED  
District Health Officer No. 8,  
District File Number

Date Filed 6-9-44

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..... *L. E. Boulchin*.....

Licensed Embalmer No. 3867

P. O. Address Seafalia 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.