V. S. No. 2
00M—2-43
. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1944

Registration District No. 187

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31291

Primary Registration District No. 5694-3040

Registrar's No. 115

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)
In this community: 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Livingston
(c) City or town: "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 Mi East on Highway 36
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: GRACE F. MORITZ
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: George C. Moritz
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: March (Month) 16 (Day) 1890 (Year)
8. AGE: Years 54 Months 6 Days 7 If less than one day hr. min.
9. Birthplace: McKinney (City, town, or county) Texas (State or foreign country)
10. Usual occupation: at Home
11. Industry or business:
MOTHER FATHER
12. Name: Mr. Rice
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Rosa Ault
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: George C. Moritz
(b) Address: Chillicothe Mo.
17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof: 9 23 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Carrollton Mo.
18. (a) Signature of funeral director: Standley
(b) Address: Carrollton Mo.
19. (a) Sept 26 (Date received local registrar) (b) Louella Carry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1944 hour ~~[illegible]~~ minute 10 P.M.
21. I hereby certify that I attended the deceased from Aug 15, 1944, to Sept 22, 1944; that I last saw alive on Sept 23, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart decompensation	6 wks
Due to: asthma	?
Due to:	
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):
(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: R. H. Brennan (M. D. or other)
Address: Chillicothe, Mo. Date signed: 9/23/44

458 (Licensed Embalmer's Statement on Reverse Side)

DEC 19 1944

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.