

No. 2
A-2-43
5-17-39
1 X35897

FILED JAN 15 1945
Registration District No. 4

Primary Registration District No. 407

Registrar's No. 60

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Chambers Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4
(Specify whether 1)

In this community 1
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 103

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

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

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

3. (a) PRINT FULL NAME GEORGE HARTWELL PACE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 22 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>84</u>	<u>84</u>	<u>11</u>	<u>22</u>	br. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Edward M. Pace

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

14. Maiden name Salina Francis Pace

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

16. (a) Informant Raymond Pace

(b) Address El Dorado Walker Mo

17. (a) Burial (b) Date thereof 12/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Love Mount

18. (a) Signature of funeral director Walter Fernal Home

(b) Address El Dorado Mo

19. (a) 12/19/44 (b) E. L. Runaway
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1944 hour _____ minute 11²⁰ a.m.

21. I hereby certify that I attended the deceased from Dec 13, 1944 to Dec 14, 1944
that I last saw him alive on Dec 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Duration _____

Due to _____

Due to _____

Other conditions 107
(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? _____

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

23. Signature E. Kenderworth (M. D. or other) MD

Address El Dorado Springs Mo Date signed 12-19-44

1048

SHELDON
RECEIVED
District Health Officer No. 7,
District No. *12-44-1548*
Date filed *1-13-45*

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 *George W. Mafus*
Licensed Embalmer No. *2752*
P. O. Address *El Dorado Springs, 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.