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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9769**  
Registrar's No. **70**

FILED APR 10 1945

Primary Registration District No. **5520**

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

**1. PLACE OF DEATH:**  
(a) County **Henry.**  
(b) City or town **Windsor, Ind.**  
(c) Name of hospital or institution: **Community Rest Home**  
(d) Length of stay: In hospital or institution **118 days.**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Henry.**  
(c) City or town **Windsor, Mo.**  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? **No.**

**3. (a) PRINT FULL NAME** **Ella Elizabeth Grace.**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Frank Grace**  
6. (c) Age of husband or wife if alive **deceased**  
7. Birth date of deceased **June 30, 1861.**

8. AGE: Years **83** Months **8** Days **19**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Perry Co. Ohio**  
10. Usual occupation **house keeper. retired.**

11. Industry or business \_\_\_\_\_  
12. Name **Peter Caughenbaugh.**  
13. Birthplace **Allentown. Penn.**  
14. Maiden name **Mary Ann Tracy.**  
15. Birthplace **Baltimore. Maryland.**

16. (a) Informant **Mrs. Osborn Greer.**  
(b) Address **Leeton. Mo.**  
17. (a) **Burial** (b) Date thereof **Mar. 20, 1945**

18. (a) Signature of funeral director **Warrensburg, Mo. Sweeney Phillips.**  
(b) Address **Warrensburg, Mo.**  
19. (a) **March 26** (b) **Myrtle Brownlee**

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **Mar.** day **19** year **1945** hour **6 A.** Minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1945 to **March 19,** 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**  
Duration \_\_\_\_\_

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

Major findings: Of operations **109.1**  
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? \_\_\_\_\_  
(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 **Emmell** (M. D. or other) **M.D.**  
Address **Windsor Mo** Date signed **3/20/45**

RECEIVED

District Health Officer No. 7,

District File Number 3-45-275

Date Filed 1-9-45

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

*B. Q. Phillips*

Licensed Embalmer No.

*2320*

P. O. Address

*Warrensburg, 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.**