

FILED MAY 3 1945
 Registration District No. _____

Primary Registration District No. 6064

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County St. Clair
 (b) City or town Osceola Rural (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: County Farm Home (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)
 In this community Moat of Life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Clair
 (c) City or town El Dorado Springs Rural (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 OF A. Pace
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 17 year 1945 hour 8: minute 30 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Edd Pace
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 2-5, 1945 to 3-17, 1945 that I last saw him alive on 3-17, 1945 and that death occurred on the date and hour stated above.

7. Birth date of deceased: January (Month) 1 (Day) 1872 (Year)
 8. AGE: Years 73 Months 2 Days 16 If less than one day hr. _____ min. _____

Immediate cause of death: Acute myocardial infarction
 Duration 6 weeks

9. Birthplace Lincoln County Missouri (City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Tom Hammett
 13. Birthplace Virginia (City, town, or county) (State or foreign country)
 14. Maiden name Floora Gilmore
 15. Birthplace Virginia (City, town, or county) (State or foreign country)

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) _____

16. (a) Informant Mattie Culbertson
 (b) Address Humansville Missouri
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-45 (Month) (Day) (Year)
 (c) Place: burial or cremation Holsapple Cemetery Osceola Funeral Home
 18. (a) Signature of funeral director Osceola Missouri
 (b) Address _____
 19. (a) 3-18-45 (Date received local registrar) (b) [Signature] (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature T. H. J. Anglar, Jr. (M. D. or other) M.D.
 Address Osceola, Mo. Date signed 3/19/45

REC-

District

Case No. 711

District File

4-40-262

Date Filed

5-2-45

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

Paul Jirantoni

Licensed Embalmer No.

3990

P. O. Address

Oscola 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.