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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30081

FILED OCT 1 1945

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 257

1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Noyes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 Weeks (Specify whether years, months or days)

In this community: 65 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

(c) City or town: Columbia
(If outside city or town limits, write "RURAL")

(d) Street No.: 709 W. Ash St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: MATILDA GRACE

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Dennis Grace

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

7. Birth date of deceased: 8 - 25 - 1876 (Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 2 If less than one day hr. min.

9. Birthplace: — (City, town, or county) Ireland (State or foreign country)

10. Usual occupation: Teacher

11. Industry or business:

MOTHER FATHER

12. Name: Archibald McHarg

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

14. Maiden name: Annie McIvay

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

16. (a) Informant: Miss Hannah McHarg

(b) Address: 709 W. Ash St., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-28-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Parker Funeral Service

(b) Address: Columbia, Mo.

19. (a) 9-28-45 (Date received local registrar) (b) Mrs R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1945 hour 3 minute 05 A.M.

21. I hereby certify that I attended the deceased from Sept. 5th, 1945, to Sept. 27, 1945, that I last saw her alive on Sept. 26, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma, ovary	11 yrs. history
Due to: Generalized metastases.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: generalized metastases.	
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: Edwin C. Schmitter (M. D. or other)

Address: Columbia, Mo Date signed: 9/28/45

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(Licensed Embalmer's Statement on Reverse Side)

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 Chas L Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.