S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

31228

STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1945

State File No.

Registration District No. 280 Primary Registration District No. 4421 Registrar's No. 59

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Parkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Platte 83
(c) City or town Parkville 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Sept 17 1945, 1:20 PM

3. (a) PRINT FULL NAME Nimrod Mace
3. (b) If veteran, name war None
3. (c) Social Security No. none

4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daisy Mace
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March (Month) 15 (Day) 1858 (Year)

8. AGE: Years 87 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Waldron (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Stone Mason
11. Industry or business business
FATHER
12. Name not known
13. Birthplace " " (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Sara Hoskins
15. Birthplace not known (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs O. E. Pearl
(b) Address Parkville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20 (Month) 45 (Day) (Year)
(c) Place: burial or cremation Parkville Mo
18. (a) Signature of funeral director L. H. Francis
(b) Address Parkville Mo
19. (a) 9-21-45 (Date received local registrar) (b) Mrs Ophia Rulling (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1945 hour 1:20 P.M. minute 20 P.M.
21. I hereby certify that I attended the deceased from Sept 15, 1945, to Sept 16, 1945
that I last saw him alive on Sept 16, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Senality, Cardiac Failure
Due to age
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
162

Duration

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? Parkville (City or town) Platte (County) Mo (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 M. L. Holliday (M. D. or other) MD
Address Parkville Mo Date signed 9-21-45

1448

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1945

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 me, Registered Apprentice No. , working under my personal supervision.

Signed L. H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.