S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32801

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 123210

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether
In this community 15 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3421 Thompson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Mace
3. (b) If veteran, name war --
3. (c) Social Security No. no ini.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Mace
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased October (Month) 2 (Day) 1864 (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	0	23	hr. min.

9. Birthplace (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John Mace
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Agnes Bruce
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Records State Hosp #2
(b) Address St. Joseph, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-28-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cmtry. (Mo.)
18. (a) Signature of funeral director Bentley Funeral Home
(b) Address 5819 Troost
19. (a) Nov. 4, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25 year 1946 hour 8 minute 40 P. M.
21. I hereby certify that I attended the deceased from October 10, 1939, to October 25, 1946; that I last saw him alive on October 25, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia, Organism Undetermined	13 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Cerebral Hemorrhage due to Arteriosclerosis	8 years

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Delbert P Johnson (M. D. or other) M.D.
Address State Hospital #2 Date signed 10/25/46
St Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Guy Buffington, Registered Apprentice No.....,

working under my personal supervision.

Signed Guy Buffington

Licensed Embalmer No. 2758

P. O. Address.....

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.

aw, dy