

S. No. 2
M-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 10288
Registrar's No. 107

Registration District No. 274 Primary Registration District No. 4408

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Smithton Mo
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John H Pace

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex Mo 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Martina Jane 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased 12-20-1860
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>2</u>	<u>20</u>	hr. _____ min.

9. Birthplace Clerkburg Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Dechin Forum

11. Industry or business Mo. Pac. R.R.

MOTHER FATHER

12. Name Benjamin Pace

13. Birthplace Do Not Know
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Prime

15. Birthplace Do Not Know
 (City, town, or county) (State or foreign country)

16. (a) Informant Snags Mattie Pace
 (b) Address Smithton Mo

17. (a) Burial (b) Date thereof 3-17-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director A. F. Neuniger
 (b) Address Smithton Mo

19. (a) 3-19-47 (b) Betty Yeager
 (Date received local registrar) (Registrar's name)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80
 (c) City or town Smithton
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15
 year 47 hour 3 minute 2 M.

21. I hereby certify that I attended the deceased from 10-3-46
 193 to 3-15-47
 that I last saw him alive on 3-14-47 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria Mellitus

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
 Of operations _____

Of autopsy 61

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? _____

While at work? _____ (Specify type of place)

23. Signature [Signature] (M. D. number) Mo.
 Address Smithton Mo Date signed 3/17/47

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

251

Licensed Embalmers' Statement on Reverse Side

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-12-47

MAY 21 1947

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 A. F. Neuniger

Licensed Embalmer No. 3912

P. O. Address Smithton Pa

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.