

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

FILED JUN 30 1947

Registration District No. **274**

Primary Registration District No. **5927**

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

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Greenridge Mo. (Rural)**
(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 **50 years** years, months or days)

3. (a) PRINT FULL NAME **Ella E. Pace**

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

4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **W. H. Pace** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct 22 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 20 hr. _____ min.

9. Birthplace **Saline County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

MOTHER FATHER

12. Name **Robert V. Breeden**

13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Clara Gessler**

15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Pace**

(b) Address **Greenridge Mo.**

17. (a) **Burial** (b) Date thereof **5-14-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hickory Point Cem.**

18. (a) Signature of funeral director **Paul M. Moore**
(b) Address **LaMonte Mo**

19. (a) **6-16-47** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)
251 (Licensed Embalmer's State's Agent on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Greenridge Mo. (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **12**
year **1947** hour **8** minute **30 A.** M.

21. I hereby certify that I attended the deceased from _____
January 5 19 **47** to **May 12** 19 **47**
that I last saw her alive on **May 8 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cronic Myocardial Disease**

Due to _____

Due to _____

Other conditions **Hypertension, Asthma.**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **93**

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? _____
(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)
(e) Means of injury _____

23. Signature **H. A. Hite** (M. D. or other) **M.D.**
Address **Green Ridge, Mo.** Date signed **5/13/47**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-27-47

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 M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.