

FILED MAR 17 1948  
2173  
Registration District No. \_\_\_\_\_

Primary Registration District No. **5781**

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

1. PLACE OF DEATH:

(a) County **Miller**  
(b) City or town **Tuscumbia (Rural)**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **No**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **No**  
(Specify whether  
In this community **All Life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Miller**  
(c) City or town **Tuscumbia (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 \_\_\_\_\_

3. (a) PRINT FULL NAME **George Mace**

3. (b) If veteran, **No** name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **M**  
6. (b) Name of husband or wife **Margaret Mace**  
6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **March 18 1879**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **10** Days **17**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min

9. Birthplace **Camden Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business \_\_\_\_\_

MOTHER, FATHER {  
12. Name **Jackson Mace**  
13. Birthplace **U.S.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Manley McKay**  
15. Birthplace **U.S.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. George Mace**  
(b) Address **Tuscumbia, RI Mo.**

17. (a) **Burial** (b) Date thereof **2/5/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Hawkins Cemetery**

18. (a) Signature of funeral director **Walter P. Hays**  
(b) Address **Iberia, Missouri**

19. (a) **Feb. 8, 1948** (b) **Mrs. C.R. Hawkins**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **4<sup>th</sup>**  
year **1948** hour **12** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Nov**  
19**45** to **Feb** 19**48**  
that I last saw him alive on date **February 3** 19**48**  
and that death occurred on date and hour stated above.  
Duration \_\_\_\_\_

Immediate cause of death **Myocarditis from 9 or 10 days**  
**Intra-abdominal pressure**  
**causing obstruction of abdominal veins**  
**pseudo myxoma peritonei 5 yrs**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause of 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 **M. E. Humphrey** (M. D. or other) **D.O.**  
Address **Tuscumbia, Mo.** Date signed **2-4-48**

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed MAR 11 1948

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 \_\_\_\_\_

Walter P. Hedges

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Walter P. Hedges*

Licensed Embalmer No. *4265*

P. O. Address *Meriden, 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.