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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 3 1948

Registration District No. 158

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16635

Primary Registration District No. 5572

Registrar's No. 110

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

**1. PLACE OF DEATH:**

(a) County: Jackson
(b) City or town: Prairie Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emergency Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 days (Specify whether years, months or days)
In this community: 20 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 607 S. Huttig
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MR. EMMET F. PACE

3. (b) If veteran, name war: none

3. (c) Social Security No.: 495-05-8879

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Mrs. Ella C. Race

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: Sept. 11, 1889 (Month) (Day) (Year)

8. AGE: Years 58 | Months 8 | Days 17 | If less than one day: hr. min.

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

10. Usual occupation: Druggist

11. Industry or business: McPike Drug Co.

FATHER
12. Name: Theodore Pace
13. Birthplace: Unknown, Ohio. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Harriet Pence
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ella C. Pace
(b) Address: 607 S. Huttig

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove, Mo.

18. (a) Signature of funeral director: George C. Carson
(b) Address: Independence, Mo.

19. (a) MAY 29, 1948 (Date received local registrar) (b) Dorcas C. Sandbow (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: May day: 28 year: 1948 hour: minute: 5:00 P.M.

21. I hereby certify that I attended the deceased from 17 May, 1948, to 28 May, 1948, that I last saw him alive on 28 May, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute cardiac decompensation — Duration: 12 hrs.
Due to: Cirrhosis of liver — 2 yrs.
Due to:
Other conditions (include pregnancy within 3 months of death): Secondary anemia — 4 yrs.

Major findings:
Of operations:
Of autopsy: 1 2 4 B

PHYSICIAN: Underline the cause to which death should be charged statistically.

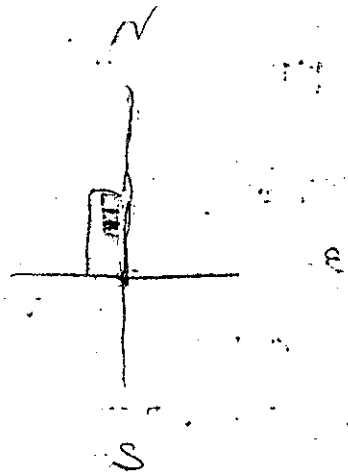
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Frank E. Sigmund M.D. Coroner
Address: Jack C. Sharp Date signed: 28 May 48

(Licensed Embalmer's Statement on Reverse Side)

DEC 16 1949

Donald Earnshaw




JAN 17 1950

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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed R. S. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.**