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

National Office of Vital Statistics

FILED JUN 15 1948

STANDARD CERTIFICATE OF DEATH

State File No. G 40881

Registration District No. 184 — Primary Registration District No. 3038 — Registrar's No. 45

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: Brookfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days): 22 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Linn 58

(c) City or town: Brookfield (If outside city or town limits, write "RURAL") 1

(d) Street No.: 637 S. Main (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: LETHA ELLEN MACE

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: M 1

6. (b) Name of husband or wife: Guy Elmer Mace

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: Aug (Month) - 25 (Day) - 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	9	2	hr. min.

9. Birthplace: Sullivan Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Thomas McIntire
13. Birthplace: Linn Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name: Mary Tate
15. Birthplace: Sullivan Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant: Elmer Mace

(b) Address: Brookfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May-29-1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Rose Hill Cem

18. (a) Signature of funeral director: Hill Funeral Home

(b) Address: Brookfield Mo

19. (a) 6-1-48 (Date received local registrar) (b) Walter B. Erwin (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May - day 27 year 1948 hour 5 minute a M.

21. I hereby certify that I attended the deceased from 2/17/48, 19 to 5/27/48, 19; that I last saw her alive on 5/25/48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to: Carcinoma of liver

Due to:

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

Major findings: Of operations:

Of autopsy: 46 F

Duration

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: 2

23. Signature: W. C. Grisar M. D. or other: [illegible]

Address: Bucklin, Mo. Date signed: 5/29/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 J. W. Blackstock

Licensed Embalmer No. 2246

P.-O.-Address Brookfield 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.