

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31888**
4704

FILED **OCT 15 1953**
BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

| | | | | | | | | | |
|---|--|--|---|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) 4 yrs. | | c. CITY OR TOWN Kansas City | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 | | | | STREET ADDRESS (If rural, give location) 711 E. 12th | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John | | | b. (Middle) | | c. (Last) Mace | | 4. DATE OF DEATH (Month) (Day) (Year) 9 - 29 - 1953 | | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH 8-20-27-08 | | 9. AGE (In years last birthday) 45 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | | 10b. KIND OF BUSINESS OR INDUSTRY add jobs | | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME John W. Mace | | | 13b. MOTHER'S MAIDEN NAME Annie Vaughan | | | 14. NAME OF HUSBAND OR WIFE Wanda Mace | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. — | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Watkins Funeral Home - Dexter Mo. | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 mos. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung with metastasis | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from 7 - 7, 1953 , to 9 - 29, 1953 , that I last saw the deceased alive on 9 - 29, 1953 , and that death occurred at 8:15A m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE B. I. Burns MD (Degree or title) | | | | 23b. ADDRESS General Hospital No. 1 | | 23c. DATE SIGNED 9-29-53 | | | |
| BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 9-29-53 | | 24c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery | | 24d. LOCATION (City, town, or county) (State) Dexter, Missouri | | | |
| DATE REC'D BY LOCAL REG. 9-30-53 | | REGISTRAR'S SIGNATURE Geraldine Smith | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS France Warnall Funeral Home F.C. mo | | | | |

JUL 8 1954

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *K C 2nd*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.