

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **668**

Primary Registration District No. **3039**

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

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Bothwell** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **one week**  
(Specify whether  
In this community **Twenty Years**  
years, months or days)

3. (a) PRINT FULL NAME **Gussie A. Pace**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ira Pace** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **July 31 1888**  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<b>52</b>	<b>8</b>	<b>4</b>	hr. _____ min.

9. Birthplace **Pettis Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Ira Pace Prof**

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

12. Name **H.A. Elliott**

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

14. Maiden name **Cordelia Darroll**

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

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

(b) Address **Green Ridge Mo. R.R.**

17. (a) **Burial** (b) Date thereof **3-29-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hichory Point**

18. (a) Signature of funeral director **B.F. Parker 906**

(b) Address **La Monte Mo.**

19. (a) **3-29-41** (b) **Mrs. Harry Sneed**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis 80**  
(c) City or town **Green Ridge Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rual.** **Rural 0**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March 27** day **27**  
year **1941** hour **6** minute **PM**

21. I hereby certify that I attended the deceased from **March 21** 19**41** to **March 27** 19**41**  
that I last saw ~~him~~ **her** alive on **3-27** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma Uterus** **several months**

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

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

Major findings: **no operation**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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)  
(c) Means of injury \_\_\_\_\_

23. Signature **W. B. Beeman** (M. D. or D.O.) **0**  
Address **Sedalia Mo.** Date signed **3/28/41**

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 11-9-11

**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 *P. Montano*

**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.**