

Registration District No. 431 Primary Registration District No. 3589

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural - Centerville (Mo.)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Passing through the Co. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John L. Pace

3. (b) If veteran, name war none 3. (c) Social Security No. 510-25-4744

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Agnes Pace 6. (c) Age of husband or wife if alive about 30 years

7. Birth date of deceased June - 25 - 1905 (Month) (Day) (Year)

8. AGE: Years 36 Months 5 Days 29 If less than one day hr. min.

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

10. Usual occupation Trucker

11. Industry or business

MOTHER FATHER

12. Name Benjamin Pace

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

14. Maiden name Lou Flipping

15. Birthplace Camden Ct Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Jack Pace

(b) Address California Mo.

17. (a) Burial (b) Date thereof Dec. 28 - 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Sappington Tenn.

18. (a) Signature of funeral director W. H. Phelps

(b) Address Warrington Mo.

19. (a) Dec 27 - 41 (b) Seal of Registrar's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 817 Dunters (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1941 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) O.S. 1 ✓
(b) Date of occurrence Dec 24 7:30 pm
(c) Where did injury occur Highway 50 Johnson Mo. (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) 3
(e) Means of injury
Signature of Physician Edward Anderson
Address Johnson Mo. Date signed Dec 26 - 41

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

71
0
5

RECEIVED

District Health Officer No. 8,

JAN 30 1942

District File Number

Date Filed 1-14-42

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

R. A. Phillips

Registered Apprentice No.

working under my personal supervision.

Signed

R. A. Phillips

Licensed Embalmer No.

2320

P. O. Address

Warrensburg, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42266

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans. (b) County Wyanett

(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John L. Pace

3. (b) If veteran, name war _____

3. (c) Social Security 570-05-474

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 4 Year 1941
Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M. **5. Color or race** W.

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

6. (b) Name of husband or wife. _____ **6. (c) Age of husband or wife if alive.** 30 years

7. Birth date of deceased: June 25, 1911
(Month) (Day) (Year)

Immediate cause of death:
Death was caused by accident in head-on collision of two automobiles on a S-Curve on Highway No. 50 in Centerview Township, Johnson county, Missouri, approximately nine miles west of Warrensburg

Duration _____

8. AGE: Years 36 Months _____ Days _____
if less than one day _____ min.

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

Due to _____

Due to _____

Other conditions: _____
(Includes pregnancy within 3 months of death)

10. Usual occupation: Student

11. Industry or business: _____

12. Name: _____

13. Birthplace: _____
(City, town, or county) (State or foreign country)

14. Maiden name: _____
(City, town, or county) (State or foreign country)

15. Birthplace: _____
(City, town, or county) (State or foreign country)

Major findings: 170 cc - 8
22

Of operations: _____

Of autopsy: _____

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

MOTHER FATHER

16. (a) Informant: _____
(b) Address: _____

17. (a) _____ **(b) Date thereof:** _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director: _____
(b) Address: _____

19. (a) _____ **(b)** _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): accident

(b) Date of occurrence: Dec. 4, 1941. About 8PM

(c) Where did injury occur?: Highway # 50 west of
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Warrensburg, Johnson Co. Mo.

What at work? no **(e) Means of injury:** _____

Signature: Edward H. ... (other) _____
James H. ...

SUPPLEMENTARY 4

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

