

FILED APR 9 1942
Registration District No. 6-405

Primary Registration District No. 4387

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Gainesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 6 mo. 17 days
In this community 1 yr 6 mo. 17 days
Specify whether years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark
(c) City or town Gainesville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country C

3. (a) PRINT FULL NAME Lyle Lambert Pace
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 9
year 1942 hour 11:30 minute a.m.

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive ✓ years August 20 1940
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
1 6 17 hr. min.

21. I hereby certify that I attended the deceased from Feb. 26, 1942 to March 9, 1942
that I last saw him alive on March 9, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Encephalitis
Due to Unknown

9. Birthplace Gainesville Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Infant

Other conditions (Include pregnancy within 3 months of death) 806
Major findings: Of operations None
Of autopsy None

MOTHER FATHER
11. Industry or business Steve Pace
12. Name Steve Pace
13. Birthplace Ozark Co., Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Norma Cockrum
(City, town, or county) (State or foreign country)
15. Birthplace Ozark Co., Missouri
(City, town, or county) (State or foreign country)

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) no
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Steve Pace
(b) Address Gainesville, Missouri
17. (a) Burial (b) Date thereof 3-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lilly Ridge Cem.
18. (a) Signature of funeral director Birmingham Fun Home
(b) Address Gainesville Missouri
19. (a) 3-10-1942 (b) Margaret Hutchinson
(Date received local registrar) (Registrar's signature)

23. Signature P. E. Bushong (M. D. or other) D
Address Gainesville, Mo. Date signed 3-10-1942
While at work? no (Specify type of place) (e) Means of injury Unknown

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

RECEIVED

District Health Officer No. 6,

District File Number 442-432

Date Filed APR 8 1942

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 W. B. Hutcherson

Licensed Embalmer No. 3731

P. O. Address Yanesville 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.