No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16003

FILED MAY 10 1944

Registration District No. 334

Primary Registration District No. 6199

Registrar's No. 58

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

7
0
0

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Clinton Twp
(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 Mo (b) County Texas 10

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles west of Cabool
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Colombus Simpson Grace

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

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

7. Birth date of deceased Aug (Month) 15 (Day) 1853 (Year)

8. AGE: Years 90 Months 7 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Marysville (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Geo C. Grace
13. Birthplace ..... (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Isabella Gardner
15. Birthplace ..... (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Mrs. Ruth Elliott
(b) Address R#1 Mtn Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Houston

18. (a) Signature of funeral director Eng Lord Elliott
(b) Address Cabool Mo

19. (a) April 14 1944 (Date received local registrar) (b) Mrs Lou Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 3
year 1944 8 hour 15 minute P. M.

21. I hereby certify that I attended the deceased from July, 1937, to Apr. 3, 1944
that I last saw him alive on Mar 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

62 b

Duration

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) .....

(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 .....

23. Signature L. M. Dillman (M. D. or other) H.

Address Houston, Mo Date signed 4-4-44

1239

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 44278
Date Filed 4-9-44

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.