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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41735

FILED JAN 15 1945

Registration District No. 273

Primary Registration District No. 5837

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural, West Benton 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 Missouri (b) County Newton 73

(c) City or town Rural, Westbenton, TWP. (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

3. (a) PRINT FULL NAME Mary Jane, Pace

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Chas. Pace

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June (Month) 29 (Day) 1873 (Year)

8. AGE: Years 71 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name A. J. Cooper
13. Birthplace (City, town, or county) Tenn (State or foreign country)

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

16. (a) Informant Chas Pace

(b) Address Neosho R. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cemetry

18. (a) Signature of funeral director Chas W. Williams

(b) Address Goodman MO.

19. (a) 12-14-44 (Date received local registrar) (b) Corley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1944 hour 9 minute 30p. M.

21. I hereby certify that I attended the deceased from Dec 25, 1944 to Dec 3, 1944 that I last saw her alive on Dec 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage on left side

Due to Arteriosclerosis

Due to Chronic Interstitial Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a

Of autopsy

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 Melvin C. Brownlee (M.D. or other) MD

Address Neosho, MO Date signed 12-11-44

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 10 1945
District Health Officer No.
District File Number 1244-271
Date Filed JAN 12 1945

MAY 15 1945

MAY 16 1945

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 Merullen Williams Price

Licensed Embalmer No. 4166

P. O. Address Goodsnew, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.