S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30676

Registration District No. 62 Primary Registration District No. 5240 Registrar's No. 30

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Rural
(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 Cedar 20
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Trail 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Effie Vriginia 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 M. F. Pace
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Aug. (Month) 23 (Day) 1877 (Year)

8. AGE: Years 70 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Caplinger Mills (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Harvey Richerson /
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lee Ann Moore 0
15. Birthplace Caplinger Mills, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. D H Early
(b) Address
17. (a) Stockton, Mo. (Burial, cremation, or removal) (b) Date thereof 10 (Month) 3 (Day) 1947 (Year)
(c) Place: burial or cremation Stockton Cemetery
18. (a) Signature of funeral director Church & Neale
(b) Address Stockton, Missouri
19. (a) 10-10-47 (Date received local registrar) (b) Geneva Garrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st year 1947 hour 9 minute 30 M.
21. I hereby certify that I attended the deceased from Sep 20 1947, to 19 that I last saw her alive on Sep 28 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
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)
(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 0
23. Signature L. T. Dunaway (M. D. or other)
Address Ed Dodd Date signed 10/10/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 7,
District File Number 9-47-1184
Date Filed 10-14-47

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 C. W. Neale

Licensed Embalmer No. 3335

P. O. Address Stockton, 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.