

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

42527

Registration District No. 571

Primary Registration District No. 5769

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Walton 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 40 year years, months or days

3. (a) PRINT FULL NAME James Christopher Pace

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race H 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Apr 20 1898 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Benjamin Pace

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

14. Maiden name Margaret Jane

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

16. (a) Informant Elizabeth Pace

(b) Address Centertown Mo

17. (a) Burial (b) Date thereof 12/3 (Month) (Day) (Year)

(c) Place: burial or cremation California

18. (a) Signature of funeral director William F. Freethy

(b) Address California Mo

19. (a) Dec. 2-41 (b) Mrs. James R. H. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town M. High Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Northwest 2 miles (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 20 1940 to Dec 1 1941
that I last saw him alive on Aug 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
(Stroke)
Due to Gen. debility
and hypertension 1940
Due to 83a

Other conditions 83a
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy No 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? Other
(Specify type of place) _____
While at work? _____ (e) Means of injury 2

23. Signature J. T. Gillie (or other) DO.
Address Centertown Date signed 12-3-41

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

A. E. Friedmeyer

Licensed Embalmer No.....

2854

P. O. Address.....

California 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.