. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42266
State File No.

Registration District No. 431 Primary Registration District No. 5589 Registrar's No. 160

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Rural - Centerview (Twsp.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Passing through the Co. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 817 Dunbar
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME John L. Pace
3. (b) If veteran, name war none
3. (c) Social Security No. 510-05-4744
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Agnes Pace
6. (c) Age of husband or wife if alive about 30 years
7. Birth date of deceased June - 25 - 1905 (Month) (Day) (Year)
8. AGE: Years 36 Months 5 Days 29 If less than one day ... hr. ... min.
9. Birthplace Cole Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Trucker
11. Industry or business
FATHER 12. Name Benjaman Pace
13. Birthplace Cole Co (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Lou Flipping
15. Birthplace Camden Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Jack Pace
(b) Address California Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-28-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sappington Cem.
18. (a) Signature of funeral director Sweeney-Phillips
(b) Address Warrensburg Mo
19. (a) Dec 27-41 (Date received local registrar) (b) Leola McWilliams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1941 hour 7 minute 30 M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred on the date and hour stated above.
Immediate cause of death | Duration
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) 051
(b) Date of occurrence Dec 24 430 pm
(c) Where did injury occur Highway 50 Johnson Mo (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 3
23. Signature Edward Andrews Coroner
Address Johnson Co Date signed 12-26-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

JAN 3 0 1942

District File Number .....
Date Filed 1-14-42

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.....
R. R. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed R R Phillips
Licensed Embalmer No. 2320
P. O. Address Warrensburg, 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.

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42266

Registration District No. ______ Primary Registration District No. ______ Registrar's No. ______

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

1. PLACE OF DEATH:
(a) County Johnson
(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 Kans. (b) County Wyandotte
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. ______ (If rural, give location)
(e) Citizen of foreign country? ______ (Yes or No)
If yes, name country ______

3. (a) PRINT FULL NAME John L. Pace
3. (b) If veteran, name war —
3. (c) Social Security [illegible]
4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife ______ 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased June 25 [illegible] (Month) (Day) (Year)
8. AGE: Years 36 Months 5 Days ______ If less than one day ______ hr. ______ min.
9. Birthplace [illegible] (City, town, or county) (State or foreign country)
10. Usual occupation [illegible]
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) ______ (Burial, cremation, or removal) (b) Date thereof ______ (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) ______ (Date received local registrar) (b) ______ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4 year 1941 hour ______ minute ______ M.
21. I hereby certify that I attended the deceased from ______, 19__, to ______, 19__; that I last saw h__ alive on ______, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Death was caused by accident in headon collision of two automobiles
Due to on a S/Curve on Highway No. 50 in Centerview Township, Johnson
Due to county, Missouri, approximately nine miles west of Warrensburg

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.

170 C 8
22

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Dec. 4, 1941. About 8PM
(c) Where did injury occur? Highway # 50 West of Warrensburg, Johnson Co. Mo. (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? no (e) Means of injury
23. Signature Edward [illegible] M.D. (or other)
Address Coroner Johnson Co. Holden Mo. 2/25/42

SUPPLEMENTARY