

No. 2
5-43
17-39
X3867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1946
Registration District No. 233

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 4348

41428

State File No. _____
Registrar's No. 21

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

1. PLACE OF DEATH:
 (a) County Montgomery
 (b) City or town Wellsville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community four months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Montgomery
 (c) City or town Wellsville
(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 THOMAS ARTHUR BRACE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Dec day 2
 year 1946 hour 10 minute 30 A
 21. I hereby certify that I attended the deceased from Aug 10
 1946 to Dec 20 1946
 that I last saw him alive on Dec 2 1946
 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Getta Brace
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased: May 12 1887
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
 Duration 24 hours

8. AGE: Years 59 Months 6 Days 20
If less than one day hr. _____ min. _____

Due to _____
 Due to _____

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

Other conditions 94A
(Include pregnancy within 3 months of death)

10. Usual occupation Carpenter

Major findings: _____
 Of operations: _____

11. Industry or business _____

Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

12. Name Albert E. Brace

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

14. Maiden name Elizabeth Headington

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

16. (a) Informant Geo A Brace
 (b) Address Wellsville Mo

17. (a) Wellsville (b) Date thereof 12/2/46
(City or town) (Month) (Day) (Year)
 (c) Place: burial or cremation Denver Colo

18. (a) Signature of funeral director W. J. ...
 (b) Address Wellsville Mo

19. (a) 12-2-46 (b) Thos Merritt
(Date received local Registrar) (Registrar's signature)

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?
 While at work? _____
(Specify type of place) (e) Means of injury

23. Signature W. J. ... (M. D. or other) MD
Wellsville, Mo Date signed 12/2/46

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-9-46

DEC 20 1946

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 *W. K. Rine*
Licensed Embalmer No. 3059
P. O. Address Wellsville 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.