

FILED SEP 13 1948

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Paul C. VauSilder

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Merline VauSilder 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Sept. 13, 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 19 If less than one day hr. min.

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

10. Usual occupation Retired produce dealer

11. Industry or business

12. Name Abraham W. VauSilder

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

14. Maiden name Mary Newman

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

16. (a) Informant Mrs. Merline VauSilder

(b) Address Union Star, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Union Star, Mo.

18. (a) Signature of funeral director Luede M. Wilson

(b) Address King City, Mo.

19. (a) Sept 3, 1948 (Date received local registrar) (b) H. C. Jenkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb 32
(c) City or town Union Star, Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. — (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1948 hour 5 minute — a.m. p.m.
21. I hereby certify that I attended the deceased from Jan 1946 to Sept 2, 1948
that I last saw h.f. m. alive on Aug 13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis + myocardial degeneration
Due to —

Due to —
Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations 93D
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? —

While at work? — (Specify type of place) (e) Means of injury 2
23. Signature Zaccharias 2 Do (M. D. or other)
Address King City, Mo. Date signed 12/1/48

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

MOTHER FATHER

SEP 27 1948

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..... *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City, 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.