N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30815

1. PLACE OF DEATH SEP 29 1936
County Jackson — Registration District No. — File No.
Township — Primary Registration District No. — Registered No. 3609
City Kansas City (No. 3871 E 62nd St St. Ward)

2. FULL NAME Selma Paustian
(a) Residence, No. 3871 E. 62nd St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 29-1864
7. AGE: YEARS 72 — MONTHS — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scott County Iowa

FATHER
13. NAME: Henry Buenz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Renafro, Germany

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Mrs. Herman Paustian 4312 Wayne
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Memorial Park DATE 8-5-1936
19. UNDERTAKER (ADDRESS): Bentley's Guardian Funeral Home, South 5811 Troost Ave
20. FILED 8/4, 1936 M. M. Crown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 3, 1936
22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936, to Aug 3, 1936
I last saw her alive on Aug 2, 1936. Death is said to have occurred on the date stated above, at 5:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1930
48	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Hemmorrage Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edw Geraughty, M. D.
(Address) 303 Shukert Kansas City Mo.

Hi 0316
v-5746

1115 Grand

3871 E 62nd