

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

3005  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 398  
 (b) Township Blue Primary Registration District No. 5554 Registered No. 27  
 (c) City Independence (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 11018 E 75th Eastwood St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Paulson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 - 1850  
 7. AGE YEARS 87 MONTHS 9 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1938, to Jan 22, 1938  
 I last saw her alive on Jan 22, 1938 Death is said to have occurred on the date stated above, at 5:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

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

Bronchial pneumonia Date of onset 1-18-38  
1070  
 Other contributory causes of importance: Acute bronchitis 12-25-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans

FATHER 13. NAME M. Carty  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Bell Soderwell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) J. H. Paulson

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison Inf. H. DATE Jan 24, 1938

19. FUNERAL DIRECTOR (ADDRESS) Ott Mitchell  
Funeral Home

20. FILED 1-26-1938 J. H. Paulson Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. N. Hill, M. D.  
 (Address) 1438 Kildgater, Independence, Mo.

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. EXACT STATEMENT OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

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STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

**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.)**