

JAN 24 1939

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

43019
Do not use this space.

1. PLACE OF DEATH Franklin

(a) County Franklin Registration District No. 295
(b) Township Meramec Primary Registration District No. 5412 Registered No. _____
(c) City _____ (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 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Pauline Arveta Door

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28, 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>8</u>	<u>1</u>	<u>21</u>		

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. Child
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) Stanton Missouri

FATHER 13. NAME Joe Door
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo.

MOTHER 15. MAIDEN NAME Priscilla Simmerly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Mo.

17. INFORMANT (ADDRESS) Joe Door Stanton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanton, Mo. DATE Dec. 20 1938

19. FUNERAL DIRECTOR (ADDRESS) Thos. P. Shaffer Sullivan, Missouri.

20. FILED Dec 19 38 Edgar W. Tolson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from 7 p.m. 12-18-38 to 12-19-38 1938
I last saw her alive on 12-18-38, 1938. Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:
Toxic scarlet fever Date of onset 12/17/38
Under development
Other contributors, causes of importance _____
Name of operation None - Clinical Date of _____
What test confirmed diagnosis _____ 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 Ed. Doctor M. D.
(Signed) Sullivan Mo. (Address) _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Edgar W. Laffoon, Licensed Embalmer No. 3394

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

..... L. E.

No. 3394 or by Registered Apprentice No.
working under my personal supervision.

Signed Edgar W. Laffoon
Licensed Embalmer No. 3394

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.)