

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

9342  
Do not use this space.

REC'D APR 17 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 1002 Registered No. 948  
 (c) City Jansas City (d) Street No. Menssah Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. 21 ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Henrietta Paul

(a) Residence, No. \_\_\_\_\_ St.  Frankham Ohio  
 (Usual place of abode, if no street address, write county or city) (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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1916

7. AGE YEARS 22 MONTHS 8 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. Nurse  
 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) Streetsborough Ohio

MOTHER

13. NAME Henry Paul  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Falls Ohio  
 15. MAIDEN NAME Helen Ingraham  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Falls Ohio

17. INFORMANT (ADDRESS) Mr. & Mrs. Henry Paul Frankham Ohio

18. BURIAL, CREMATION, OR REMOVAL PLACE Frankham Ohio DATE Mar. 2 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. M. Newcomer's Sons Brush Creek & Passco.

20. FILED 3-2 1939 M. M. Crowe Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/25 to 3/2, 1939

I last saw her alive on 3/2, 1939. Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction  
Caused by fibrous strands  
at site of appendix drainage  
12/2/38

Date of onset \_\_\_\_\_

Other contributory causes of importance: Peritonitis

Name of operation Gastrostomy Date of 2/25/39  
 What test confirmed diagnosis Stethoscope Was there an autopsy? Yes

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) D. T. Van Del, M. D.  
 (Address) 1103 Grand

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.

Prof- 01-11-98  
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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**