

DEC'D APR 15 1939

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

11-187  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417  
(b) Township West City Primary Registration District No. 3021 Registered No. 21  
(c) City West City (d) Street No. 812 N. TOM 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Pauline Davis  
(a) Residence, No. 812 N. Tom St. 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

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 widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1889  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 49 3 17  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as saw mill, bank, etc. -  
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba Missouri

FATHER 13. NAME Miles Kiefer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Maggie Pysan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Sally Cash (s.i.e.) West City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cartersville Mo. DATE 3/13/39 19.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hedge Nelson West City Mo.

20. FILED MOH 13-39 19 P.L. Fitchett M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11/39 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw her alive on Nov. 11, 1939. Death is said to have occurred on the date stated above, at 1:00 a.m. 3/11/39  
The principal cause of death and related causes of importance were as follows:

Heart Attack Date of onset

Other contributory causes of importance: 92W

Name of operation none Date of 3/11/39  
What test confirmed diagnosis? - Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) A. St. Winchester M. D.  
Jasper Mo (Address)

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.

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RECEIVED

District Health Officer No. 6,

District File Number 6-39-68

Date Filed APR 3 1939

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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

E. W. Hedge, Registered Apprentice No. 7557

working under my personal supervision.

Signed

E. W. Hedge  
Licensed Embalmer No. 2857

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.