

1939 AUG 12 1939

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

24938
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 31
 (b) Township Wheaton Primary Registration District No. 50420 Registered No. 27
 (c) City _____ (d) Street No. _____ 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 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Josephine Paul

(a) Residence, No. Wheaton Mo 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 <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Orvin Paul</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11, 1867</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>8</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>		
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rocky Comfort Mo</u>		
FATHER	13. NAME <u>Thomas Sheumaker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Harner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>O. S. McCall Wheaton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rocky Comfort</u> DATE <u>July 27, 1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Wheaton Mo</u>		
20. FILED <u>July 31, 1939</u> <u>Donald Blankenship</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1939

22. I HEREBY CERTIFY That I attended deceased from July 24, 1939 to July 26, 1939
 last saw her alive on July 26, 1939 Death is said to have occurred on the date stated above, at 4:50 p.m.

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

Chronic Extradural Hemorrhage 1920

Other contributory causes of importance:

Nephritis 1928

Name of operation none 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) O. S. McCall, M. D.
Wheaton Mo

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.

RECEIVED

District Health Officer No. 6,

District No. 829-1543

Date Filed AUG 8 1939

STATEMENT BY LICENSED EMBALMER

I, G. E. Culver, Licensed Embalmer No. 3584

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 G. E. Culver
Licensed Embalmer No. 3584

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.)