

SEP 12 1939

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

28607
Do not use this space.

1. PLACE OF DEATH

(a) County... Buchanan / Registration District No. 28
 (b) Township... / Primary Registration District No. 3003
 (c) City... St. Joseph (d) Street No. Mo. Methodist Hospital St.
 (e) Length of residence in city or town where death occurred 57 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 460 Henry C. Pahler

(a) Residence, No. 1125 Monterey 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 Male 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) Oct 29 1886

7. AGE YEARS 52 MONTHS 9 DAYS 11 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Stock Yards
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

FATHER 13. NAME Joseph W. Pahler

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Katherine Jutten

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mexico

17. INFORMANT (ADDRESS) Mrs Joseph W? Pahler 1125 Monterey

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Auburn DATE Aug 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tracy Barry Funeral 218 South 10th St Home

20. FILED Aug 12, 1939 HJ Nestle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/8 - 1939, to Aug. 10, 1939
 I last saw him alive on Aug. 10, 1939 Death is said to have occurred on the date stated above, at 11.45 P.M.
 The principal cause of death and related causes of importance were as follows:

Undulant Fever (Date of onset About mid 1939)

Other contributory causes of importance: 5

Name of operation none Date of _____
 What test confirmed diagnosis lab. & autopsy 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) G. T. Bloomer M. D.
 (Address) 1218 N. 38 St.

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.

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.....

Carth A Smith

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Carth A Smith

Licensed Embalmer No.....

3927

P. O. Address.....

218-51051 St-Joseph

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.