

NOV 24 1939

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

36031
Do not use this space.

1. PLACE OF DEATH

(a) County GASCONADE Registration District No. 307
 (b) Township CLAY Primary Registration District No. 6231
 (c) City OWENSVILLE ROUTE (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SARAH ELLEN PAASCH

(a) Residence, No. OWENSVILLE ROUTE St.
 (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) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WILLIAM PAASCH
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 3, 1890
 7. AGE YEARS 49 MONTHS 5 DAYS 9 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. HOUSEWIFE
 10. Date deceased last worked at this occupation (month and year) October 1938 11. Total time (years) spent in this occupation 35 years

12. BIRTHPLACE (CITY OR TOWN) OWENSVILLE 0
 (STATE OR COUNTRY) MISSOURI 0

FATHER 13. NAME WILLIAM HIBLER 9

14. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) MISSOURI

MOTHER 15. MAIDEN NAME OLIVE GIBBONS

16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) NOT KNOWN

17. INFORMANT WILLIAM PAASCH
 (ADDRESS) OWENSVILLE, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE HIGH GATE CEMETERY DATE OCTOBER 15, 1939
11th St. Over

19. FUNERAL DIRECTOR W. F. GOTTENSTROETER
 (ADDRESS) OWENSVILLE, Mo.

20. FILED 10-14-39 A. Bunge
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1939, to 10-4, 1939.
 I last saw her alive on 10-4, 1939. Death is said to have occurred on the date stated above, at 11:10 P.M.
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset unk
1070

Other contributory causes of importance:
Pericarditis America unk
Malnutrition unk
Dehydration unk

Name of operation _____ 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 _____
 (Signed) Keith A. Barnes, M. D.
 (Address) Owensville, Mo.

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

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, Milford H. H. Winter....., Licensed Embalmer No. 3838
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME
.....
L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Milford H. H. Winter
.....
Licensed Embalmer No. 3838

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.)