

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3871 E. 62nd St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) _____

In this community 23 yrs.
years, months or days

3. (a) PRINT FULL NAME George Paustian

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Selma Ruenz

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased July 30, 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 20 If less than one day
hr. _____ min. _____

9. Birthplace Scott County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business "

12. Name "

13. Birthplace "
(City, town, or county) (State or foreign country)

14. Maiden name "

15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Newry Paustian

(b) Address Buffalo, Kans.

17. (a) burial (b) Date thereof 2/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Bentley Mortuary Inc.

(b) Address 5811 Troost

19. (a) Feb. 20, 1940 (b) Mo. Croisic
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3871 East 62nd St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1940 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from
Feb 9 1940 to Feb 19 1940
that I last saw him alive on Feb 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial 8 day
Influenza Infection

Due to Ha

Duration _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury 1

23. Signature Edw. Geraghty (M. D. or other) _____
Address 303 Shunkert Bld Date signed Feb 20
1940

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

Guy Buffington

Licensed Embalmer No.

2756

P. O. Address

12 E 2nd

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.