27

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10740

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ---
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community 30 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Boonville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years

3. (a) PRINT FULL NAME Edward Miles Paul
3. (b) If veteran, name war ---
3. (c) Social Security No. ---

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 25th (Day) 1871 (Year)

8. AGE: Years 68 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Johnson County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer.
11. Industry or business ---
FATHER
12. Name Unknown.
13. Birthplace Ohio. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs. Sam Mills.
(b) Address Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13/40 (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Mo.
18. (a) Signature of funeral director Goodman & Keller
(b) Address Boonville, Mo.
19. (a) 3-11-40 (Date received local registrar) (b) D. C. Cooper (Registrar's signature) 107

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th year 1940 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 31, 1933, to Feb 5, 1940, that I last saw him alive on Feb 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Chest and Fracture of Both Legs — Duration instantaneous
Due to being struck accidentally by an automobile.
Due to —
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) Accident
(b) Date of occurrence March 10 1940
(c) Where did injury occur? Boonville (City or town) Cooper (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On a public Highway No 87 and 98. (Specify type of place)
While at work? no (e) Means of injury Running Auto.
23. Signature J. C. Tincher M.D. (M. D. or other) 4
Address Boonville Mo Date signed 3/11/40

(Licensed Embalmer's Statement on Reverse Side) Coroner of Cooper County Mo.

Rev. 5-17-39
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.
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-11-40

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, Mo.

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.