

REC'D JUN 1 1940

Registration District No. 75.0

Primary Registration District No. 4451

Registrar's No. 1678

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan
(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 _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME John B. Paul 400

3. (b) If veteran name war no. 3. (c) Social Security No. no.

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married Married

6. (b) Name of husband or wife America J. Paul 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 2 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace: Hartford Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter 1

11. Industry or business _____

12. Name William H. Paul 1

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

14. Maiden name Birgitta A. Demott

15. Birthplace Bedford Co. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Paul
(b) Address 125 N. 10. Taylor Bluff Mo

17. (a) Burial (b) Date thereof 6-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan Mo

18. (a) Signature of funeral director Lottie D. Russell
(b) Address Doniphan Mo.

19. (a) May 7 1940 (b) P. B. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Doniphan
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1940 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from February 4, 1940, to May 6, 1940
that I last saw him alive on May 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septimia

Due to Bowel Obstruction

Due to Cancer of Cecum and ascending colon

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

Major findings: _____
Of operations _____

Of autopsy _____

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? 674 (Specify type of place) _____
(e) Means of injury _____

28. Signature J. H. Bellinger (M. D. or other) _____
Address Doniphan Date signed 5/7/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

91
16

46

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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Lester D. Russell

Licensed Embalmer No. Deniphan

~~P. O. Address~~ 3855

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 193537

Registration District No. 750

Primary Registration District No. 445-1

Registrar's No.

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan
(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 _____ (Specify whether _____)
In this community _____ years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME

John B. Paul

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased. (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 79 Months 10 Days 4 If less than one year _____ min.

9. Birthplace (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) _____ (State or foreign country) _____
15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) _____ (Day) _____ (Year) _____
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 6 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Ischemia

Bowel obstruction

Due to _____

Due to 46

Other conditions (Include pregnancy within 3 months of death) Cancer of Cecum of ascending colon

Major findings: (Cecum)

Of operations _____
Of autopsy _____

Duration

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) (c) Means of injury _____

23. Signature J. E. Williams (M. D. or other) _____

Address Doniphan Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

S-19353