

No. 2
4-13-40
5-17-39
I X23139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34762

State File No. _____

Registration District No. _____

Primary Registration District No. 4041

Registrar's No. 29

NOV 19 1940

1. PLACE OF DEATH: Boone
 (a) County Centralia
 (b) City or town _____
 (c) Name of hospital or institution: same
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community all her life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Boone
 (c) City or town Centralia
 (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 Auna Lizza Paulis
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 9th
 year 1940 hour 5 minute 00 A.M.
 21. I hereby certify that I attended the deceased from Sept. 20, 1940, to Oct. 9, 1940.
 that I last saw her alive on Oct. 9, 1940
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife W. T. Paulis 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased Sept 6 1867
 (Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis
 Duration 19 days

8. AGE: Years 73 Months 1 Days 3 hr. _____ min. _____
 If less than one day

Due to _____
 Due to _____

9. Birthplace Andrain Co Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation House Wife

Other conditions Chronic myocarditis year
 (Include pregnancy within 3 months of death)

11. Industry of business _____
 12. Name Joseph Sheek
 13. Birthplace Andrain Co Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Josephine Marie
 15. Birthplace Andrain Co Mo
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Reggie Weston
 (b) Address W. M. W. _____ Mo.
 17. (a) Buried (b) Date thereof 10/10-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Hope Church, Cent.
 18. (a) Signature of funeral director W. T. Paulis
 (b) Address Centralia Mo
 19. (a) 10/9/40 (b) F. B. B. _____ Mo
 (Date received local registrar) (Registrar's signature)

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?
3 1/2 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature F. B. B. _____ (Dr. or other) D.O.
 Address Centralia, Mo. Date signed 10/9/40

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

0
32
0

115/40

(Licensed Embalmer's Statement on Reverse Side)

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 *M J M Donald*.....

Licensed Embalmer No. *2589*.....

P. O. Address *Centralia 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, fact should be so stated above.