

12-40
7-39
X23159

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1218

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 2522 S. 16th.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community 2 years 11 Mo. 16 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME PHILLIP Alfred PAULEY
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Dec 4th 1937
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	2	11	16	hr. min.

9. Birthplace St. Joseph Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER
 { 12. Name Louis P. Pauley
 { 13. Birthplace Doniphan County Kansas
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Gertie Fry
 { 15. Birthplace unknown Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Louis P. Pauley
 (b) Address 2522 S. 16th. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11-22-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director FLEEMAN & SON INC.
 (b) Address St. Joseph, Mo.

19. (a) Nov. 22, 1940 (b) H. J. Nestlebaum
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2522 S. 16th.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
 year 1940 hour 11 minute 00 AM.

21. I hereby certify that I attended the deceased from Nov 20 1940 to Nov 20 1940
 that I last saw him alive on Nov 20 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
 Influenza
 Duration General Sept

Due to
 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)

(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?

85 While at work? (Specify type of place) (e) Means of injury

23. Signature Fenton W. Goodrich (M. D.)
 Address 109 1/2 W. 7th St. St. Joseph, Mo. Date signed Nov 22 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..... *Geo. Daniel*

Licensed Embalmer No. 3300

P. O. Address St. Joseph,

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.