

FILED JAN 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42104**

Registration District No. **156**

Primary Registration District No. **4090**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **Cass**
 (b) City or town **Harrisonville**
 (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) **2**

3. (a) PRINT FULL NAME **George Elmer Pavener**

3. (b) If veteran, name war: _____ 3. (c) Social Security No. **702-03-9837**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Carrie Pavener** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Sept 17-1869**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	2	28	hr. _____ min.

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

10. Usual occupation **Retired R. R. Agent + Telegrapher**

11. Industry or business _____

12. Name **Emston G Pavener**

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

14. Maiden name **Martha Frances Jones**

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

16. (a) Informant **+ Carrie L Pavener**

(b) Address **603 Walnut**

17. (a) **Burial** (b) Date thereof **Dec 17-1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OUR LADY'S**

18. (a) Signature of funeral director **HARRISONVILLE, MO.**

(b) Address _____

19. (a) **12/16/40** (b) **Deckerling D.M.S.**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**
 (c) City or town **Harrisonville**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **603 Walnut**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **15th**
 year **1940** hour **12** **noon** M.

21. I hereby certify that I attended the deceased from **Jan 16 1940**
 19 **40** to **Dec 15 40**
 that I last saw him alive on **Nov 20** 19 **40**

and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis**

Due to **Coronary Sclerosis and arterial Hypertension**

Due to _____

Other conditions **Angina**
 (Include pregnancy within 3 months of death) **gyp**

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) **no**

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

23. Signature **David S Long** (M. D. or other) _____
 Address **Harrisonville Mo** Date signed **12/16-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

DEC 19 1946

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 Ernest Resmenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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.