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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2977

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

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

**1. PLACE OF DEATH:**
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 903 West 5th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 6 Months
In this community

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 903 W 5th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME: Frank Pautz
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: Married
6. (b) Name of husband or wife: Allie
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: June (Month) 13 (Day) 1865 (Year)

8. AGE: Years 83 Months 6 Days 24 If less than one day hr. min.

9. Birthplace: Manatawac (City, town, or county) Wis (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: August Pautz
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Wilhemena Fensky
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Allie Pautz
(b) Address: Joplin, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan 9-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Hiawatha, Kansas
18. (a) Signature of funeral director: Thornhill-Dillon
(b) Address: Joplin, Mo
19. (a) 1-8-40 (Date received by local registrar) (b) Ed D Jones (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 7th day January year 1941 hour 4:20 minute A M.

21. I hereby certify that I attended the deceased from Jany 6, 1941, to Jany 7, 1941, that I last saw him alive on Jany 6, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia — Duration: 5 day
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: H H Wilcox (M. D. or other) D
Address: Joplin Mo Date signed: 1-8-41

(Licensed Embalmer's Statement on Reverse Side)

41-2-133

## 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 Don Tetrick

Licensed Embalmer No. 4008

P. O. Address Joplin, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

No. 2B
-40
X22659

ROWENA MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2977

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(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 years, months or days)
In this community

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.

3. (a) PRINT FULL NAME Frank Party
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 M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased June (Month) 13 (Day) 1865 (Year)

8. AGE: Years 75 Months 6 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 1-8-41 (Date received local registrar) (b) Ed D. James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. L. Wilbur (M. D. or other)
Address Joplin Mo. Date signed

SUPPLEMENTARY

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE

Primary Registration District No.

Local Registrar's District No.

1. PLACE OF DEATH

2. County

3. City or town

Name of hospital or institution

If not in hospital or institution, give street address or location

4. Was death within city limits?

5. PERSONAL PARTICULARS

6. Usual residence (place where deceased lived)

7. Color or race

8. Sex

9. Married, widowed, or divorced

10. Date of birth (month, day, year)

11. Age (last birthday)

12. Number of years in this community

13. Birthplace (state or country)

14. Citizen of what country?

15. Usual occupation

16. Kind of business or industry

17. Was deceased ever in the armed forces?

18. Social Security No.

19. Father's name

20. Maiden name of mother

21. Informant

22. Address

23. Place of burial or cremation

24. Undertaker

25. Filed date

26. Registrar

27. MEDICAL CERTIFICATE OF DEATH

28. DATE OF DEATH (Month, day, year)

29. I hereby certify that I attended the deceased from ... to ... and last saw the deceased alive on ... I believe that death occurred at the time and for the cause stated below.

30. (a) Immediate cause

Due to

Due to

Due to

(b) Contributory causes

31. Was operation performed for any of these causes?

32. If a woman, was death caused by a pregnancy, childbirth, or abortion?

33. Did injury contribute to death?

34. Manner of injury (accident, suicide, homicide, or war)

35. Place of injury (street or house number, city or town, county, state)

36. Injury occurred while at work?

37. Signature

38. Date signed

39. Place of residence of deceased

40. Street

41. City or town

42. County

43. State

44. Length of residence in this community

45. Length of residence in this state

46. Date of birth

47. Age

48. Sex

49. Color or race

50. Married, widowed, or divorced

51. Usual occupation

52. Kind of business or industry

53. Birthplace (state or country)

54. Father's name

55. Maiden name of mother

56. Informant

57. Address

58. Place of burial or cremation

59. Undertaker

60. Filed date

61. Registrar

PHYSICIAN

Underline disease to which death should be charged first.

WHITE PLANCK—USE LEADING BLACK INK—STAMP A PERMANENT RECORD