No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12385

Registration District No. 891 Primary Registration District No. 4540 Registrar's No. 5

1. PLACE OF DEATH:

(a) County WAYNE

(b) City or town PIEDMONT
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE 111

(c) City or town PIEDMONT RURAL
(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.? 0 years.

3. (a) PRINT FULL NAME ISAAC BENJAMIN PAULLIS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife TALITHA PAULLUS

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Dec (Month) 23 (Day) 1850 (Year)

8. AGE: Years 89 Months 11 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Brazil (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation FARMER

11. Industry or business —

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER FATHER
14. Maiden name Elizabeth Paullis
15. Birthplace Illinois (City, town, or county) (State or foreign country) 1

16. (a) Informant TALITHA PAULLUS

(b) Address Piedmont

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 7 (Day) 1940 (Year)

(c) Place: burial or cremation Coldwater

18. (a) Signature of funeral director N. W. Gish

(b) Address Piedmont

19. (a) 4-8-1941 (Date received local registrar) (b) T. C. Pilex M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1940 hour 2.00 minute P M.

21. I hereby certify that I attended the deceased from Dec 2 in 1940 to Dec 16 1940 that I last saw him alive on Dec 16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza and Lobar Pneumonia — Duration

Due to ____

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 33 P

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? 7 8 9 (Specify type of place)

While at work? ____ (e) Means of injury 0

23. Signature T. C. Pilex (M. D. or other)

Address Piedmont, Mo. Date signed ____

(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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Pudnom M

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.