

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31973

Registration District No. 532

Primary Registration District No. 4318

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Ladlata

(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 40 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town Ladlata  
(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 Chas William Paul

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 510-01-0458

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Kewee Paul 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan 3 - 1888  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 6-1-41 to 9-27-41, 1941, that I last saw him alive on 9-27-41, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

60 59 8 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation Engineer - mechanical

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Chas Henry Paul

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

14. Maiden name Anna A. Smith

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

Immediate cause of death Heart block Duration \_\_\_\_\_

Due to \_\_\_\_\_ 95a

Due to \_\_\_\_\_

Other conditions Hypertension (cardiac)  
(Include pregnancy within months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Kewee Paul

(b) Address Ladlata

17. (a) Burial (b) Date thereof Oct 17 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladlata

18. (a) Signature of funeral director D. H. Christie

(b) Address Ladlata

19. (a) Aug 30 (b) Lauried Smith  
(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? \_\_\_\_\_

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

23. Signature R R Ellis (M. D. of other) \_\_\_\_\_

Address Ladlata Mo Date signed 9-27-41

RECEIVED

District Health Officer No. 10

District File Number 10-41-1789

Date Filed OCT 8 1941

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**