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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37312

State File No. 4106

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: 4312 Bell
(d) Length of stay: 30 yrs
In this community 30 yrs

3. (a) PRINT FULL NAME August Newton Paisley

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary H. Paisley 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased July 18 1880

8. AGE: Years 61 Months 3 Days 16 If less than one day

9. Birthplace Hillsboro Illinois

10. Usual occupation Labor Agent

11. Industry or business

MOTHER FATHER { 12. Name John N. Paisley
13. Birthplace Hillsboro Illinois
14. Maiden name Mattie Spencer
15. Birthplace Wilmington Ohio

16. (a) Informant Mary H. Paisley
(b) Address 4312 Bell Street K.C. Mo.

17. (a) Burial (b) Date thereof 11/6/41
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director John General Home
(b) Address Kansas City, Kansas

19. (a) 11-4-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4312 Bell Street
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th
year 1941 hour 10 minute 20 M.

21. I hereby certify that I attended the deceased from Nov 3
1941, to Nov 4, 1941;
that I last saw him alive on Nov 4, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Due to Generalized carcinomatosis

Due to
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?
(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 W. W. Lester (M. D. or other) M. D.
Address 1618 Project Bldg Date signed 11/4/41

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

COPIES

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3
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0

years

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

K.C. Mo

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 Jimmy S. Mickelson

Licensed Embalmer No. 4092

P. O. Address Kansas City, Kansas

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.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Lunenburg City
(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. 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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME August N. Paisley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, Day 18, Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 18, 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 6 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Due to Generalized carcinoma

Due to do not know primary seat of the Ca.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 552

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? _____

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

23. Signature W. W. Reifer (M. D. or other) _____

Address Wis. Ben. Hoop Date signed _____
Madison, Wis.

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

SUPPLEMENTARY 4

MOTHER FATHER

3/9/42

S-37312