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X26390

DEC 17 1941 582  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4344

Registrar's No. 210

1. PLACE OF DEATH:

(a) County MONROE  
(b) City or town PARIS, Mo.  
(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. 1 (Specify whether) \_\_\_\_\_  
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE  
(c) City or town PARIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. N. K (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IOLA LILLIAN SEE

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

4. Sex F 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife GEORGE SEE 6. (c) Age of husband or wife if alive 1 years  
7. Birth date of deceased DEC. 16, 1865  
(Month) (Day) (Year)

20. DATE OF DEATH: Month NOV. day 21  
year 1941 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from SAT  
26 1941, to THURS 1941  
that I last saw her alive on THURS 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis of Right  
Due to arteriosclerosis N.K.  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 940  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
74 11 5 ✓ hr. ✓ min.

9. Birthplace BALLS, Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOME

11. Industry or business AT HOME

MOTHER FATHER { 12. Name WM. WHITE  
13. Birthplace IA.  
(City, town, or county) (State or foreign country)  
14. Maiden name WALLIS  
15. Birthplace IA.  
(City, town, or county) (State or foreign country)

16. (a) Informant Gilbert W. See  
(b) Address Princeton Ill. R2

17. (a) BURIAL (b) Date thereof NOV. 1941  
(Burial, cremation, or removal) PARIS, Mo. (Month) (Day) (Year)  
(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director SPEED & BLAKEY  
(b) Address PARIS, Mo.  
19. (a) 11-22-41 (b) J. A. Barnett, M.D.  
(Date received local registrar) (Registrar's signature) R.L.

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) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_  
23. Signature W. M. Kuppel M.D. W.D.  
Address PARIS, Mo. Date signed 11-22-41

Duration \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2176

Date Filed DEC 15 1941

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

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, fact should be so stated above.