

JAN. 10 1941
Registration District No. **416**

Primary Registration District No. **5571B**

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Sarcoxie Rural Sarcoxie**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **About 14 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**

(c) City or town **Sarcoxie Rural**
(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 **Jeremiah F. Pauley**

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

4. Sex **m** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Almarinda** 6. (c) Age of husband or wife if alive **dead** years

7. Birth date of deceased: **Feb. 22, 1853**
(Month) (Day) (Year)

8. AGE: Years **88** Months **10** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Boone County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Pauley**

{ 13. Birthplace _____ / **Kentucky**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Serene Todd**

{ 15. Birthplace _____ / **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. G. Pauley**

(b) Address **Sarcoxie, Mo**

17. (a) **Burial** (b) Date thereof **12/30/31**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Powers Cemetery**

18. (a) Signature of funeral director **Roland C. Engelase**

(b) Address **Sarcoxie, Missouri**

19. (a) **12/30/41** (b) **Mrs Emma Prosser**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **28**
year **1941** hour **30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 25**
19 **41** to **Dec 28** 19 **41**;
that I last saw him alive on **Dec 28** 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **Influenzal pericarditis**

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration _____

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 **2**

23. Signature **Dr. J.E. Kilbuck** (or other) **DO**
Address **Sarcoxie, Mo** Date signed **Dec 29**

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

19
06
00

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.....

George B. Orr

Licensed Embalmer No.....

946

P. O. Address.....

7411/1/1 Vernon, 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.