

FILED FEB 16 1942

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico N.H.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Rual
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. Benton City, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT, FULL NAME William Alexander Paris

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel Stephens Paris 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 8 1867
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 75 | | 23 | hr. min. |

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

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Paris

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Mabel Stephens Paris
(b) Address Benton City, Mo.

17. (a) Burial (b) Date thereof Feb. 3, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director T. T. Paul

(b) Address Mexico, Mo.

19. (a) Jan 31 - 1942 (b) Margaret K Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1942 hour 5:30 minute 5:30 M.

21. I hereby certify that I attended the deceased from 1-27-42 to 1-31-42
that I last saw him alive on 1-31-42
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Endocarditis

Due to Hypertension
Reperituit
Angine of heart

Other conditions Angine of heart
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1318
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

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

23. Signature Frank Colley (M. D. or other) MD
Address Mexico, Mo. Date signed Jan 31 1942

RECEIVED

District Health Officer No. 10

District File Number 2-42-201

Date Filed FEB - 7 1942

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.....

.....Earl E. Precht....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.