

FILED FEB 11, 1942

Registration District No. 6288

Primary Registration District No. 5889

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Rural Sedalia, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RFD # 1, Sedalia, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 70 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 1, Sedalia, Missouri
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1942 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec 4th
1941 to Jan 5th 1942
that I last saw him alive on Jan 3rd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Enlarged prostate gland
Due to _____

Due to _____
516

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

Major findings: Enlarged prostate with bloody prostatic secretion
Of operations _____
Of autopsy _____
PHYSICIAN
Underline 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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Geord Bokling (M. D. or other) _____
Address Sedalia Mo Date signed 1-15-42

3. (a) PRINT FULL NAME Robert Eli Paul

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

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

6. (b) Name of husband or wife Dollie Paul 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January (Month) 27 (Day) 1868 (Year)

8. AGE: Years 73 Months 11 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Eli Paul

13. Birthplace Lincoln Shire England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Newport

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

16. (a) Informant Jesse Paul

(b) Address RFD 1, Sedalia, Missouri

17. (a) Burial (b) Date thereof Jan. 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Missouri

19. (a) 1/6/42 (b) Imogene Berger
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-10-42

NOV 20 1957

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 L. E. Boulchin

Licensed Embalmer No. 3867

P. O. Address: Seaside, 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.