

FILED MAR 2 1942 460A

5999

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Charles Missouri, Mo.
(b) City or town Rolla Rural
(c) Name of hospital or institution: Rolla MO Route 1.1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles, Mo.
(c) City or town Plum Hill Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John B Paris

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 Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 19 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 24
If less than one day hr. _____ min. _____

9. Birthplace Plum Hill Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Paris
13. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Johnson
15. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Schulte
(b) Address Rolla, Mo.

17. (a) Burial (b) Date thereof Jan 14 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rolla

18. (a) Signature of funeral director J. K. Johnson
(b) Address Rolla Mo
19. (a) Jan-17/42 (b) Verbal S. Sorrell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1942 hour 9:30 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from Sept 12-42
_____ 19____ to Jan 11 1942
that I last saw him alive on Jan 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Myocarditis
Duration _____

Due to _____
Due to _____

Other conditions Malnutrition & Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 93d
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. B. Killoran (Physician)
Address Spring City, MO Date signed _____

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

MAY 2 1971

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..... *P. C. Pitman*

Licensed Embalmer No. *2711*

P. O. Address *Wentzville, 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.