

FILED AUG 10 1942
Registration District No. 347 349

Primary Registration District No. 5487

Registrar's No. 164

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural, Tebo Twsp
(c) Name of hospital or institution: Route # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years
In this community 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural
(d) Street No. R # 2, Calhoun
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT NAME Mrs. Lydia Ann Paul

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

4. Sex Fe / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Mark M. Paul 6. (c) Age of husband or wife if alive years 1865
7. Birth date of deceased July 28 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 16
If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name James C. Knight
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Wossum 9
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Shy Miller

(b) Address Calhoun, Missouri

17. (a) Burial (b) Date thereof July 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) July 31, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1942 hour 9:20 p.m. M.

21. I hereby certify that I attended the deceased from May
1942 to July 16, 1942
that I last saw him alive on July 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Due to Myocardial weakness
relaxation
Due to arterial sclerosis
senility
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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? _____

23. Signature Paul S. Miller (Specify type of place) (e) Means of injury _____
Address Calhoun, Mo. Date signed _____

RECEIVED

District Health Officer No. 7,

District File Number 8-42-870

Date Filed 8-7-42

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:

Ellis H. Kistler

Licensed Embalmer No. 3391

P. O. Address: Union 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.