. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25182

Registration District No. 316 | Primary Registration District No. 3060 | Registrar's No. 101

94
4
1

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

1. PLACE OF DEATH:
(a) County: St Francois
(b) City or town: Farmington Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 70 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Francois
(c) City or town: Farmington (If outside city or town limits, write "RURAL")
(d) Street No. 407 S. Jefferson St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Felix Paston
3. (b) If veteran, name war: no
3. (c) Social Security No. 499050408
4. Sex: M 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Clara Paston
6. (c) Age of husband or wife if alive: yes 63 years
7. Birth date of deceased: Jan (Month) 10th (Day) 1874 (Year)
8. AGE: Years 68 Months 7 Days 20 If less than one day ..... hr. ..... min.
9. Birthplace: Farmington (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: ✓
FATHER 12. Name: Samuel Paston
FATHER 13. Birthplace: Farmington (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name: Sarah Kennedy
MOTHER 15. Birthplace: Farmington (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Clara Paston
(b) Address: Farmington Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Farmington Colored Cem
18. (a) Signature of funeral director: Chuga Cozen
(b) Address: Farmington Missouri
19. (a) 7-24-42 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1942 hour 17 minute 55 M.
21. I hereby certify that I attended the deceased from June 16 1942 to July 21 1942 that I last saw him alive on July 21 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death:	
Due to: Pulmonary Tuberculosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 22a	
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: R A Spraberry (M.D. or other)
Address: Farmington Mo Date signed: 7/22/42

1196 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 842-977

Date Filed 8-10-42

P. Appleberry

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 me, Registered Apprentice No. ..... working under my personal supervision.

Signed O Hugo Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.