

U.S. No. 2  
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Rev. 5-17-39  
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25576

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.....

FILED AUG 10 1942  
Registration District No. 875-360

Primary Registration District No. 6162 1,225 Registrar's No. 69

1. PLACE OF DEATH:  
(a) County Dernon  
(b) City or town Washington Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution State Hosp # 3 Nevada Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Johnson  
(c) City or town Holden Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 1

3. (a) PRINT FULL NAME KATY PAUL  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 16  
year 1942 hour 7:45 minute 45 P. M.  
21. I hereby certify that I attended the deceased from July 10 1942 to July 16 1942  
that I last saw her alive on July 16 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ira Paul 6. (c) Age of husband or wife if alive Unknown  
7. Birth date of deceased October 24 1887  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 1 day  
Due to Cardiovascular Renal Disease ?  
Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 131a PHYSICIAN  
Of autopsy..... Underline the cause to which death should be charged statistically.

8. AGE: Years 34 Months 8 Days 22  
If less than one day hr. min.

9. Birthplace Johnson Co Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Homemaker

11. Industry or business.....  
12. Name Oliver Sloney  
13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Flora Caldwell  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant State Hosp # 3 Nevada Mo  
(b) Address Nevada Mo  
17. (a) Burial (b) Date thereof July 21 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bluff Springs Mo

18. (a) Signature of funeral director Canady & Co  
(b) Address Nevada Mo  
19. (a) July 6 1942 (b) Elizabeth Breckenridge  
(Date received local registrar) (Registrar's signature)

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 B. N. Jolly (M. D. number) MD.  
Address State Hosp # 3 Nevada Mo Date signed 7/14/42

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

28

1231

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 8-42-841

Date Filed 8-6-42

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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.....

*Samuel B. Ropp*

Licensed Embalmer No. 4044

P. O. Address Holden, 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.