S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34077

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 32

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL, ROCK TOWNSHIP. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME, NEAR SECKMAN, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: ~~In hospital or institution~~ (Specify whether In this community LIFETIME years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State MISSOURI (b) County JEFFERSON 0

(c) City or town RURAL - ROCK TOWNSHIP 0 (If outside city or town limits, write "RURAL")

(d) Street No. NEAR SECKMAN, Mo. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME FRED PAUL

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife KATHERINE PAUL.

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased OCTOBER (Month) 7, (Day) 1871 (Year)

8. AGE: Years 71 Months — Days 5 If less than one day hr. min.

9. Birthplace SECKMAN (City, town, or county) - Mo. 0 (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business FARMING

FATHER
12. Name PETER PAUL
13. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)

MOTHER
14. Maiden name CAROLINE PIEDRECK.
15. Birthplace (City, town, or county) GERMANY. 4 (State or foreign country)

16. (a) Informant MRS KATHERINE PAUL.

(b) Address KIMMSWICK, Mo. R.R.#2.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. (Month) 15, (Day) 1942. (Year)

(c) Place: burial or ~~cremation~~ BURGESS CEM. ANTONIA Mo.

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK, Mo.

19. (a) 10/14/42 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 12TH year 1942 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from June, 1942, to Oct. 12, 1942 that I last saw him alive on 10-12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to

Due to

Other conditions Senility 93d (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 0

23. Signature O. Reich Md. (M. D. or other) M.D.

Address Kimmswick Mo Date signed 10-14-42

1266 (Licensed Embalmer's Statement on Reverse Side)

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 Arthur W. Herlighty

Licensed Embalmer No. 3872

P. O. Address Hannibal 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.