

FILED DEC 10 1942
Registration District No. **268**

Primary Registration District No. **6247**

Registrar's No. **13**

110
00

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

1. PLACE OF DEATH: Washington

(a) County Washington

(b) City or town Anthones Mill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Johnson Camp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months, 28 Days (Specify whether years, months or days)

In this community 3 Months, 28 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Victor Leon Paul

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 22, 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Anthones Mill, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Clyde Paul

13. Birthplace Crawford Co. Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Lennie Bishop

15. Birthplace Anthones Mill, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Paul

(b) Address Anthones Mill, Missouri

17. (a) Burial (b) Date thereof Nov. 10, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anthones Mill, Mo.

18. (a) Signature of funeral director: Pho. P. Shaffer

(b) Address Sullivan, Missouri

19. (a) Nov 10 1942 (b) Pho. P. Shaffer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 110

(a) State Missouri (b) County Washington

(c) City or town Anthones Mill, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 9
year 1942 hour 30 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 22, 1942, to Nov. 9, 1942, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Malnutrition and inability to assimilate nutrition.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 158

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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 Pho. P. Shaffer (M. D. or other) _____

Address Sullivan, Mo. Date signed Nov 10 1942

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District Health Officer No.

District File Number 1242-7400

Date Filed 12-7-42

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.

Handwritten signature: R. O. Campbell

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.