

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 13 1947 2

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1234

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8th and Pacific Street 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Five years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 802 Pacific Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Grover W. Paslav
(b) If veteran, name war _____
(c) Social Security No. 512-10-6163

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 24th
year 1942 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from on Dec. 24th 1942 to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Loraine Paslav
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased April 7 1904
(Month) (Day) (Year)

Immediate cause of death
Gun shot wound of the chest
Duration 1 day

8. AGE:	Years	Months	Days	If less than one day
	38	8	16	_____hr. _____min.

Due to _____
Due to Man was shot and killed by a 38 Caliber pistol wound of the chest on the night of Dec. 24-1942

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

Other conditions of the chest on the night of Dec. 24-1942
Major findings: Of operation _____
Of autopsy No
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Laborer

11. Industry or business Ralph Leaferton Wreckage Co.
12. Name John W. Paslav

13. Birthplace Buchanan County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Adice Wilson

15. Birthplace Buchanan County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Paslav
(b) Address 2111 South 9th Street

17. (a) Burial (b) Date thereof 12-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belmont Cemetery

18. (a) Signature of funeral director M. E. Lidenfallen
(b) Address 602 South 10th Street

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Dec 24-1942
(c) Where did injury occur? St. Joseph, Buchanan Co., Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Eighth street near Pacific St.
While at work? No (Specify type of place)
(e) Means of injury: Pistol

19. (a) 12-26-42 (b) Rose Hergen
(Date received local registrar) (Registrar's signature)

23. Signature H. F. Mundy
Address 404 So 3d
Date signed 12/28/42
(M. D. Registrar) Coroner

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

MOTHER FATHER

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 *Mollie E. Lindenfaden Fox*.....

Licensed Embalmer No. *4235*.....

P. O. Address *St. Joseph, 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.