

No. 2
9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40603

State File No.

FILED DEC 30 1942

Registration District No. 231 Primary Registration District No. 5325 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Crawford, Couteau's Twp.

(b) City or town Huzzah
(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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

(c) City or town Huzzah, Couteau's
(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 _____

3. (a) PRINT FULL NAME CHARLES HENRY PAUL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 76 Months 6 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN PAUL

{ 13. Birthplace ST LOUIS Mo (City, town, or county) (State or foreign country)

{ 14. Maiden name W. K. Kussion

{ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Ellen A. Hellow, Deering

(b) Address Huzzah, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Hofmeister

(b) Address Chippewa, Mo

19. (a) 9-9-42 (Date received local registrar) (b) A. W. Schueber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 1st 1941 to June 9th 1942 that I last saw h. in alive on Sept 8th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Disease of Heart

Due to Chronic Calcitis

Due to Contributory Cause

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

1200

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature R. L. Taylor (M. D. or _____) Address St Louis Mo Date signed 9-9-42

RECEIVED

District Health

District File Number

Date Filed

12421076
12-29-72

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.....

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 46603
Registrar's No. 5

Registration District No. 231

Primary Registration District No. 5325

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Neussel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution at home
(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 Neussel

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Crawford
(c) City or town Neussel
(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 _____

3. (a) PRINT FULL NAME

Charles H Paul

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race nr

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased (Month) (Day) (Year) _____

8. AGE: Years 76 Months 6 Days 4 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name John Paul

13. Birthplace (City, town, or county) (State or foreign country) mo

14. Maiden name ink

15. Birthplace (City, town, or county) (State or foreign country) _____

16. (a) Informant: _____

(b) Address _____

17. (a) Removal (b) Date thereof (Month) (Day) (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 9 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I first saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

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) _____

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work? _____ (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

