No. 2
—5-42
5-17-39
X3283

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3257

State File No. .....

FILED FEB 10 1943

Registration District No. 301 Primary Registration District No. 6040 Registrar's No. 1887

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution at home (Rural)
(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 life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo., (b) County Ripley

(c) City or town Poynor Twp.,
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME PAUL RICHARD NAPIER

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~~ S

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased May (Month) 31, (Day) 1935, (Year)

8. AGE: Years 7 Months 7 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Ripley Co., (City, town, or county) Mo. (State or foreign country)

10. Usual occupation School boy

11. Industry or business 3rd grade

MOTHER FATHER

12. Name Charles Napier

13. Birthplace White Co., (City, town, or county) Ill. (State or foreign country)

14. Maiden name Bertha Young

15. Birthplace Ripley Co., (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Charles Napier

(b) Address Doniphan Mo. R-4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge, Doniphan

18. (a) Signature of funeral director E. Jordan

(b) Address Doniphan Mo.

19. (a) 1/30/43 (Date received by local registrar) (b) E. O. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan., day 28 year 1943, hour 2, minute 50, A. M.,

21. I hereby certify that I attended the deceased from 1-26, 1943, to 1-28, 1943, that I last saw him alive on 1-28-43, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Lobar Pneumonia — 2 days

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)

(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 .....

23. Signature Clifford Johnston (M. D. or other)

Address Doniphan Mo. Date signed 1/29/43

674 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 94390
Date Filed 9-8-43

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 H. E. Jordan

Licensed Embalmer No. 3200

P. O. Address Monticello

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.