

S. No. 2
M-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14174

State File No.

FILED MAY 5 1943

Registration District No. 101

Primary Registration District No. 5406

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Seymour Lincoln Jc.

(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)

In this community..... (Specify whether)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

(c) City or town Seymour Rural

(If outside city or town limits, write "RURAL")

(d) Street No. Route 4

(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME H. Newton Pawley

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. 486-03-8108

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28

year 1943 hour 11:15 minute 15 A. M.

21. I hereby certify that I attended the deceased from.....

....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Pawley

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased October 2 1878

(Month) (Day) (Year)

Immediate cause of death.....

Hemorrhage of Left Lung

Duration 15 min

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>5</u>	<u>26</u> hr. min.

Due to.....

Restricted artery

Duration 10 m

9. Birthplace Plattsburg, Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Retired Southwestern Bell Telephone Company

Due to.....

Collapsure of Lung

Other conditions Commons of Eye

(Include pregnancy within 3 months of death)

11. Industry or business.....

12. Name Kowell G. Pawley

13. Birthplace Kentucky

(City, town, or county) (State or foreign country)

14. Maiden name Sarah Elizabeth Sales

15. Birthplace Missouri

(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:

Of operations.....

Of autopsy.....

H A D

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. H. Newton Pawley

(b) Address R. 4, Seymour, Missouri

17. (a) Burial (b) Date thereof 3-31-43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Avg, Missouri

19. (a) 4-1-43 (b) Thelma Waters

(Date received local registrar) (Registrar's signature)

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 M. C. Gentry (M. D. or other).....

Address POA mo Date signed 3-31-43

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

FILE 6 - 1943

Dr. M. C.

JUN 22 1943

RECEIVED
District Health Officer No. 6,
District File Number 44-5-47
Date Filed 4-30-43

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..... *W.B. Hutchman*.....
Licensed Embalmer No. *3431*.....
P. O. Address..... *Casa 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.