S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22121

FILED JUL 9 1943

Registration District No. 273 Primary Registration District No. 5920 Registrar's No. 58

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

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Longtown Mo. Marion Twp
(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
In this community 75- 10- 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Longtown Mo.
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Paulina Wirth
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Wirth
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased August (Month) 7 (Day) 1867 (Year)

8. AGE: Years 75 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Fredrick Schade
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Mary Weinrich
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant George Wirth
(b) Address Longtown Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6- 11 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Longtown Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 6-10-43 (Date received local registrar) (b) Thos J Elder (Registrar's signature) G.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1943 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 20, 1943 to June 8, 1943
that I last saw her alive on June 7, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	2½ mo
Due to Hypertension	4 yrs
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death) 83a	
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 Oscar A Carron (M. D. [redacted])
Address Perryville Mo Date signed 6-10-43

1326 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 243-2448

Date Filed 2-8-43

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.