S. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3351

State File No.

Registration District No. 173 Primary Registration District No. 4273 Registrar's No. 1 ~~22~~

1. PLACE OF DEATH:

(a) County LAFAYETTE

(b) City or town CONCORDIA MO
(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 4 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE 54

(c) City or town CONCORDIA MO 1
(If outside city or town limits, write "RURAL")

(d) Street No. 11 & GORDON 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CHRISTIAN A. F. PAUL

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE 0

6. (a) Single, widowed, married, divorced MARRIED /

6. (b) Name of husband or wife MINNIE B. PAUL

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased MARCH (Month) 23 (Day) 1866 (Year)

8. AGE: Years 77 Months 10 Days 4 If less than one day hr. min.

9. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant MRS MINNIE PAUL

(b) Address CONCORDIA MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN (Month) 30 (Day) 44 (Year)

(c) Place: burial or cremation EVANGELICAL CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) Jan 27 1944 (Date received local registrar) (b) Mrs Walter Walkenhorst (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 26
year 1944 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov. 10 43, 19 , to Jany 26, 1944
that I last saw him alive on January 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Mitral Disease. Infector
Fractured hip. Femur Greater
Due to trochanter.

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

Major findings:
Of operations 186a

Of autopsy 18

Duration

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) Home 054

(b) Date of occurrence Nov 10 1943

(c) Where did injury occur? Concordia (City or town) Lafayette (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)

While at work? NO (e) Means of injury fall

23. Signature E. L. Johnston D (M. D. or other)

Address Concordia Date signed 1-27-44

1 2 8 d

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

2-7-44

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 Me

, Registered Apprentice No. ~~2058~~,

working under my personal supervision.

Signed E. S. Jamra

Licensed Embalmer No. 2058

P. O. Address Concordia M

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.