

No. 2
A-5-43
5-17-39
I X36671

FILED FEB 15 1944
Registration District No. 2926

Primary Registration District No. 3057

Registrar's No. 6

89
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓
(Specify whether)

In this community In Ray Co. most of his life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Orick mo.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME ALFRED-PAULLSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Sophia E. Paulson

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased 2 2 1963
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>0</u>	<u>3</u>	hr. min.

9. Birthplace Sweden Sweden
(State or foreign country)

10. Usual occupation Carpenter

MOTHER FATHER

11. Industry or business ✓

12. Name John Paulson

13. Birthplace Sweden
(State or foreign country)

14. Maiden name Marion Johnson

15. Birthplace Sweden
(State or foreign country)

16. (a) Informant Fred Paulson

(b) Address Richmond mo

17. (a) Burial (b) Date thereof 2-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Park Unit Orick Mo

18. (a) Signature of funeral director C. V. Gibson

(b) Address Orick, Mo.

19. (a) Feb 8 1944 (b) Mrs. Charles Shipyard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5
year 1944 hour 1 minute 10 M.

21. I hereby certify that I attended the deceased from Jan 20
1944 to Feb 5 1944

that I last saw him alive on 7 Feb 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Cerebral Hemorrhage
arterio-sclerosis
paralysis left side

Due to arterio-sclerosis

Due to paralysis left side

Other conditions paralysis left side
(Include pregnancy within 3 months of death)

Major findings: 73a

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) no

(b) Date of occurrence 2-7-44

(c) Where did injury occur? no
(City or town) (County) (State)

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

23. Signature E. G. Jay (M. D. or other)
Address Orick, Mo. Date signed 2-7-44

1280

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-14-44

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.
working under my personal supervision.

Signed C. D. Gibson

Licensed Embalmer No. 2299

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.