

9-4-41  
-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 15 1944

# MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 74

Registration District No. 47 Primary Registration District No. 2008

1. PLACE OF DEATH

(a) County Cathaway

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

(c) Name of hospital or institution:  
State Hospital 12  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days  
Street 66-2038  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Paula Hook

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. no

4. Sex Female 5. Color A race \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Jan 13 1897  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1944 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from 11-20-43 to 19-44  
102-24- 1944, to \_\_\_\_\_ 19\_\_\_\_

that I last saw her alive on 2-24- 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 1 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Broncho Pneumonia PT  
Myocarditis  
Cardiac Brown Atrophy

Due to \_\_\_\_\_

Due to 93el

9. Birthplace MO (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation AK

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Dr. M. Pison real

Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name DK

13. Birthplace DK (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name DK

15. Birthplace DK (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

Of autopsy Broncho Pneumonia  
Cardiac Brown Atrophy

Underline the cause to which death should be charged statistically.

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 2/25/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McBride, Mo.

18. (a) Signature of funeral director W. J. Martin

(b) Address 712 Court St. Fulton, Mo.

19. (a) 2-25-44 (b) Jose Morand  
(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 K. S. Howard (M. D. or other) \_\_\_\_\_  
Address St. Louis, Mo. Date signed 7/27/44

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 3-14-44

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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Glen J. Maupin  
Licensed Embalmer No. 2725  
P. O. Address. Fulton, 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.