

FILED APR 13 1944

Registration District No. 273

Primary Registration District No. 5913

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

1. PLACE OF DEATH

(a) County Perry  
(b) City or town Rural Bois-Boule Township  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry  
(c) City or town Rural  
(d) Street No. Belgique  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Benedict De Pauw

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of ~~husband~~ wife Mary Cornelius 6. (c) Age of ~~husband~~ wife if alive 69 years

7. Birth date of deceased January 19, 1862 (Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Jacob De Pauw

13. Birthplace Holland (City, town, or county) (State or foreign country)

14. Maiden name Johanna Schrempf

15. Birthplace Holland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary De Pauw

(b) Address Belgique Mo.

17. (a) Rural (b) Date thereof 3-15-1944 (Month) (Day) (Year)

(c) Place of burial or cremation Catholic Cemetery Belgique, Mo.

18. (a) Signature of funeral director Ben Andrew Hone  
(b) Address Perryville, Mo.

19. (a) 3-13-44 (b) W. J. Elder (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11 year 1944 hour 11 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 1925 to Mar 11, 1944 that I last saw him alive on Mar 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic congestion of lungs  
Due to Cranial Hemorrhage one month earlier

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

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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 Wm. J. Elder (M. D. or other) \_\_\_\_\_  
Address Perryville Date signed 3/13/44

RECEIVED

District Health Officer No. 4

District File Number 444-36

Date Filed 4-11-44

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

*Albert Bey*

Licensed Embalmer No. 3866

P. O. Address Permyville, 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.