DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17857

State File No.

FILED JUN 7 1944

Registration District No. 7 1944

Primary Registration District No. 5319

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Rural - Otterville Twp
(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 none (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. Near Clifton City Mo.
(If rural, give location)

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

If yes, name country no.

3. (a) PRINT FULL NAME JAMES-EDWARD-PABST

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race W

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 Nov - 27 - 1933
(Month) (Day) (Year)

8. AGE: Years 10 Months 5 Days 23 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation none

11. Industry or business ✓

FATHER
12. Name Ollie Pabst
13. Birthplace Gilot Grove, Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilkinson Sweeter
15. Birthplace Gilot Grove Mo
(City, town, or county) (State or foreign country)

16. (a) X Informant A. H. Pabst
(b) Address Clifton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-44
(Month) (Day) (Year)

(c) Place: burial or cremation Clifton City, Mo

18. (a) Signature of funeral director Hays & Painter
(b) Address Gilot Grove, Mo

19. (a) May 23-1944 (Date received local registrar) (b) Mrs. W. W. Robison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1944 hour 5 minute 20 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accidently Killed By Lightning	
Due to Electric storm	
Due to	
Other conditions (Include pregnancy within 3 months of death) 192	
Major findings: Of operations 99	
Of autopsy 11	

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) 027

(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 James R. Smith Coroner (M.D. or other) mgr 2 1944

Address 913 - 7th St. Boonville Mo Date signed

1087

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 6-6-47

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 myself

, Registered Apprentice No.

working under my personal supervision.

Signed Peyton E. Hays

Licensed Embalmer No. 3974

P. O. Address Pilot Grove, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.