V. S. No. 2
100M—2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25184

State File No.

Registration District No. 210 | Primary Registration District No. 5770 | Registrar's No. 55

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

1. PLACE OF DEATH:

(a) County: Mercer
(b) City or town: Modena Madison Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: All of her life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mercer
(c) City or town: Madison township
(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 ____

3. (a) PRINT FULL NAME: Lulla May Paxton

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: George E. Paxton

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: May (Month) 23 (Day) 1882 (Year)

8. AGE: Years 62 | Months 1 | Days 15 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: house wife

11. Industry or business: ____

MOTHER FATHER

12. Name: William Bryan
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

14. Maiden name: Katherine Willkerson
15. Birthplace: Gallatin (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Fred Curtis
(b) Address: Modena, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Goshen

18. (a) Signature of funeral director: Martin Funeral Home
(b) Address: Princeton, Mo.

19. (a) 7/8/44 (Date received local registrar) (b) Evan Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 15 day 8 year 1944 hour ____ minute 30 A.M.

21. I hereby certify that I attended the deceased from March 15, 1944 to July 8, 1944 and that I last saw her alive on July 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thrombosis	10 days
Due to Cancer of Pancreas	7 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: H 69
Of autopsy: none

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) ____
(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: J M Perry (M. D. or Coroner)
Address: Princeton Mo Date signed 7/8-44

1567

(Licensed Embalmer's Statement on Reverse Side)

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 H. Evan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.