

25584

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 4462

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Elvins, MO.
(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) 1

(d) Length of stay: In hospital or institution X
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois

(c) City or town Elvins MO RFD #1
(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 usa

3. (a) PRINT FULL NAME Mark Paire

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1944 hour 1230 minute 9 M.

21. I hereby certify that I attended the deceased from May 1944 to June 29 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 18 1933
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction

Due to Coronary Atherosclerosis

Due to Semilitary

Other conditions 3a

8. AGE: Years Months Days If less than one day

66	6	12	hr. _____ min.
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Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Laborer (retired)

11. Industry or business Labor

MOTHER FATHER { 12. Name John Paire

{ 13. Birthplace Green County, Illinois (City, town, or county) (State or foreign country)

{ 14. Maiden name Eliza Ford Paire

{ 15. Birthplace Green County, Illinois (City, town, or county) (State or foreign country)

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 Jos W. Buffman (M. D. or other) _____
Address Paris, MO Date signed 6/30/44

16. (a) Informant Sylvia Anna Chapman Paire

(b) Address Elvins, Mo. Route #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell County

18. (c) Signature of funeral director John W. Hood

(b) Address Flat River MO

19. (a) 7-6-44 (Date received local registrar) (b) Jos W. Buffman (Registrar's signature)

RECEIVED

District Health Officer No. 4
District File Number 244-4133
Date Filed 7-28-44

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

Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address

Flat River 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.