S. No. 2
M—5-43
7. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6858

Registration District No. 274 Primary Registration District No. 5935 Registrar's No. 45

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution: RURAL ROUTE #1
(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 75 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80

(c) City or town SEDALIA (RURAL) 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D. #1.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME GEORGE H. PAUL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 11 (Month) – 17 (Day) – 1862 (Year)

8. AGE: Years 82 Months 2 Days 17 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name ELI PAUL
13. Birthplace SHIREPORT (City, town, or county) ENGLAND (State or foreign country)

MOTHER
14. Maiden name NEINPORT
15. Birthplace ENGLAND (City, town, or county) (State or foreign country)

16. (a) Informant THOMAS E. PAUL
(b) Address SEDALIA (RURAL)

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-7-1945 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA, MO.

19. (a) 2/5/45 (Date received local registrar) (b) Irma Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 4TH year 1945 hour 5.00 minute PM.

21. I hereby certify that I attended the deceased from Jan 24, 1945 to Feb. 4, 1945 that I last saw him alive on Feb 3, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Cardio-Vascular-Renal disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations N/A
Of autopsy

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 W Boger (M. D. or other)
Address Sedalia Mo. Date signed 2-5-45

1022

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 3-8-45

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 L. E. Bordelin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.