

S. No. 2
OM-5-43
v. 5-17-39
I X36671

16004

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 4 1945
197

Primary Registration District No. 1002

Registrar's No. 2196

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

18
3
8

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:
145 So LAWN AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 145 So LAWN AVENUE
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Willis August Paul

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20TH
year 1945 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Apr. 21, 1945, to May 19, 1945
that I last saw him alive on May 14, 1945
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 WIDOWED

6. (b) Name of husband or wife MRS. NANCY J. PAUL

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

7. Birth date of deceased: Sept 27 1851
(Month) (Day) (Year)

Immediate cause of death Decompensated myocarditis.

Due to Senility

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 932

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>93</u> | <u>7</u> | <u>23</u> | hr. min. |

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

10. Usual occupation 20 YRS Retired Printer

11. Industry or business R.C. JOURNAL-POST

12. Name Arthur Paul

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

14. Maiden name MARY EVANS

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

16. (a) Informant MRS. MAYME C. CARPENTER

(b) Address 145 SOUTH LAWN AVENUE

17. (a) CREMATION (Burial, cremation, or removal)

(b) Date thereof MAY 22 1945
(Month) (Day) (Year)

(c) Place: burial or cremation DWINEWOODER'S SONS

18. (a) Signature of funeral director D. K. Newcocker

(b) Address 1401 BROSCH CREEK BLD.

19. (a) 5-21-45 (Date received local registrar)

Sheldine Holmes (Registrar's signature)

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 J. J. Paul (M. D. or other) D.O.

Address 5902 St. John Date signed 5/21/45

Duration 3 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

5962 H. John

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

E. Oscar Fortney

Licensed Embalmer No.

1767

P.O. Address

Kansas City

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.