V. S. No. 2
00M—5-43
Rev. 5-47-39
No. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16475

Registration District No. 44 Primary Registration District No. 4664 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Braymer (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell
(c) City or town Braymer (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paulina Wheeler Maginness
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 Widowed 2
6. (b) Name of husband or wife Gideon W. Maginness
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 2 (Day) 1857 (Year)

8. AGE: Years 87 Months 8 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri! (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Charles Y. Wheeler
13. Birthplace (City, town, or county) Kentucky! (State or foreign country)
14. Maiden name Lourinda Hosea
15. Birthplace (City, town, or county) Kentucky! (State or foreign country)

16. (a) Informant L. C. Maginness
(b) Address Hamilton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cem.
18. (a) Signature of funeral director Bram Funeral Home
(b) Address Hamilton, Mo.
19. (a) May 10-1945 (Date received local registrar) (b) E. A. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1945 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from July-10-1937 to Feb-22-1945 that I last saw her alive on Feb-21-1945 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene left foot — Duration 1 wk
Due to Arterio-Sclerosis
Due to None
Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations None
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: None
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Medical B Doctor (M. D. or other)
Address Braymer, Mo. Date signed May-5-45

1151 (Licensed Embalmer's Statement on Reverse Side)

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

JUN 16 1945

JUN 16 1945

RECEIVED
District Health Officer No. 11,
District File Number .....
Date Filed .....

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.....

Licensed Embalmer No.....

P. O. Address.....

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.