No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3244

FILED JAN 31 1946

Registration District No. 198 Primary Registration District No. 4309 Registrar's No. 2

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Southwest City
(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)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County McDonald 60
(c) City or town Southwest City 0
(If outside city or town limits, write "RURAL")
(d) Street No. None 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Abe Paul
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna H. Paul
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased October (Month) 4 (Day) 1887 (Year)

8. AGE: Years 58 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Southwest City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Postmaster
11. Industry or business Same
FATHER
12. Name James M. Paul
13. Birthplace Waxahachie (City, town, or county) Texas (State or foreign country) 1
MOTHER
14. Maiden name Fannie T. Shields
15. Birthplace Boonville (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant James L. Paul
(b) Address Southwest City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Southwest City, Mo.
18. (a) Signature of funeral director R. M. Humphrey
(b) Address Pineville, Mo.
19. (a) 1-22-46 (Date received local registrar) (b) John J. Nichols (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th year 1946 hour 10 minute 50 A.M.
21. I hereby certify that I attended the deceased from Jan 1944, 19 to Jan 10, 1946 that I last saw him alive on Jan 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Coronary Heart Disease
Due to Bronchial Asthma
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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 R. B. Warmack (M. D. or other) M.D.
Address Southwest City, Mo. Date signed 1-22-46

(Licensed Embalmer's Statement on Reverse Side)

1531

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

30-46

182

JAN 6 1954

FEB 1 1946

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 Maynie E Humphrey

Licensed Embalmer No. 4262

P. O. Address Pineville, 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.