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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4419

Registration District No. 3174 — Primary Registration District No. 4549 — Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Wayne
(b) City or town: Allendale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether)
In this community: 40 yrs.
years, months or days)

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

3. (a) PRINT FULL NAME: CORA BELLE PAXSON
3. (b) If veteran, name war: /
3. (c) Social Security No: /

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Merl Paxson
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: Nov. (Month) 22 (Day) 1868 (Year)

8. AGE: Years 77 Months 1 Days 3 If less than one day hr. min.

9. Birthplace: East Liberty (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. MOTHER FATHER Name: John Hollopeter
13. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)
14. MOTHER Maiden name: Lucinda Humphrey
15. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Merl Paxson
(b) Address: Allendale, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Kirk Cemetery
18. (a) Signature of funeral director: Jack C. Duffee
(b) Address: Grant City Mo.
19. (a) Jan 7 1946 (Date received local registrar) (b) Etta E. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
year 1945 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan 1st, 1944, to December 25 45; that I last saw her alive on December 25, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemmorage	12 Hrs
Due to: Arterio Sclerosis	2 Yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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: O. F. Fullerton (M. D. or other) 45
Address: Redding Iowa Date signed: 12/27/45

345 (Licensed Embalmer's Statement on Reverse Side)

100943

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Jack C. Dunlee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.