S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Wise.

State File No. 19223

Registration District No. 348 Primary Registration District No. 6174 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Harris -- Rural Clay Twp
(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 8 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan

(c) City or town Harris Rural Clay Twp
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Anna Belle Pauley

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fm

5. Color or race w

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

6. (b) Name of husband or wife Rufus Pauley

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

7. Birth date of deceased 3 (Month) 27 (Day) 1885 (Year)

8. AGE: Years 61 Months 1 Days 18 If less than one day hr. min.

9. Birthplace Harris (City, town, or county) Mo (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name John Waltermire
13. Birthplace Un Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Monday
15. Birthplace Un Known (City, town, or county) (State or foreign country)

16. (a) Informant Josie Hines
(b) Address Milan Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/46 (Month) (Day) (Year)
(c) Place: burial or cremation Harris Mo. Cem

18. (a) Signature of funeral director [illegible]
(b) Address Milan Mo

19. (a) June 7. 46 (Date received local registrar) Greta Caldwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1946 hour 6 minute a M.

21. I hereby certify that I attended the deceased from Jan 1 1946, to May 15, 1946 that I last saw her alive on May 14, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary infarct	30 min
Due to	
Due to Phlebitis	3 wks
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 [illegible] (M. D. or other) DO

Address Harris Mo Date signed 5/21/46

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(Licensed Embalmer's Statement on Reverse Side)

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 Dwight Lehnerne

Licensed Embalmer No. 2667

P. O. Address Milan 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.