

S. No. 2
M-5-43
7-5-17-39
I X3667

FILED JUN 20 1946

Registration District No. _____ Primary Registration District No. 1002

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:
3217-EAST-6TH STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 54 YEARS 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. 3217-EAST-6TH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR CHARLES FREDRICK PAULY

3. (b) If veteran, name war NO 3. (c) Social Security No. 487-22-72150

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. JENNIE PAULY 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased DECEMBER 4 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>0</u>	_____ hr. _____ min.

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

10. Usual occupation RETIRED - 10 YEARS SALESMAN

11. Industry or business INTERNATIONAL HARVESTER

12. Name FRANK B. PAULY

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

14. Maiden name CASSIE AULT

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

16. (a) Informant MRS. JENNIE PAULY

(b) Address 3217-EAST-6TH STREET

17. (a) BURIAL (b) Date thereof JUNE 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 BRUSH GREEN BLVD.

19. (a) 6-4-46 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4TH
year 1946 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from
Dec 12 1945 to June 4 1946
that I last saw him alive on June 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensatory Heart

Due to Hypertension

Other conditions 2
(Include pregnancy within 3 months of death)

Major findings: 95C
Of operations _____
Of autopsy _____

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 0

23. Signature E. E. Evans (M. D. or other) M.D.
Address 911 W. Ashmun Bldg Date signed 6/4-46

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

