

345
FILED JUL 1 1946

Primary Registration District No. 6162

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Reedsburg, Mo
(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 1 day years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Wyoming (b) County Laramie

(c) City or town Cheyenne, Wyo
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Richard Franklin Paol

3. (b) If veteran, name war WW

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 7th year 1946 hour 19 minute 40 A M.

21. I hereby certify that I attended the deceased from 5-6-46 to 5-6-46 that I last saw him alive on 5-6-46 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife Alice Paol 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug 29 1887
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to Arterial Sclerosis

Due to _____

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

Other conditions (include pregnancy within 3 months of death) gHA

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Lencolein Neb
(City, town, or county) (State or foreign country)

10. Usual occupation Switch Board operator

11. Industry or business _____

12. Name B. B. Paol

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

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alice Paol

(b) Address Cheyenne Wyoming

17. (a) Removed (b) Date thereof 5-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cheyenne Wyoming

18. (a) Signature of funeral director R O W Helchel

(b) Address Karaman Mo

19. (a) 5-7-46 (b) Mrs Myrtle Wampler
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature R C Parrish (M. D. or other) DO

Address Reeds Spring Mo Date signed 5-7-46

Duration not known

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

0662 707

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 Minnie L. Wheelock

Licensed Embalmer No. 2277

P. O. Address Brunson Me

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.

FILED AUG 8 1946
345

Registration District No. 345 Primary Registration District No. 6162

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Reed Springs
(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
years, months or days

3. (a) PRINT FULL NAME Richard F. Pace

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 29
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 5-7-46 (b) Mrs Myrtle Wampler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day Year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

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? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

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

22460