

No. 2
M-5-43
5-17-39
I X36671

FILED AUG 28 1946
Registration District No. _____

Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County **Audrain**
(b) City or town **Mexico**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
224 E. Promenade St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain** **4**
(c) City or town **Mexico** **1**
(If outside city or town limits, write "RURAL")
(d) Street No. **221 E. Promenade St.** **2**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William C. Pasqueth**
3. (b) If veteran, name war **None** 3. (c) Social Security No **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **March 7, 1857**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 **4** **28** hr. min.

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

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER

12. Name **James Pasqueth**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Laura Offutt**
15. Birthplace **Maryland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harriett Pasqueth**

(b) Address **Mexico, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 8, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood, Mexico, Mo.**

18. (a) Signature of funeral director **Paul E. Paul**

(b) Address **Mexico, Mo.**

19. (a) **8-7-1946** (b) **Blanche Keely**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **5th**
year **1946** hour **4** minutes **30** P.M.

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

Immediate cause of death **Heart failure**
acute, full death in his
last year, unattended by
physician had been
ill for 3 1/2 yrs.
Due to **Senility**

Other conditions (Include pregnancy within 3 months of death) **162 B**

Major findings:
Of operations **none**
Of autopsy **none**

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? _____

While at work? **no** (Specify type of place) (c) Means of injury **none**

23. Signature **S. C. Adams** (M. D. or other) **Coroner**
Address **Mexico, Mo.** Date signed **8-6-46**

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

RECEIVED
District Health Officer No. 10
District File Number 8-46-1599
Date Filed AUG 21 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.....

Earl E. Procht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....
Earl E. Procht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.