S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16927

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 110

26
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1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital O
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Eldon 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Sidney G. Pabor
3. (b) If veteran, name war No
3. (c) Social Security No. 493-05-0636
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Winifred Pabor
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased July (Month) 6 (Day) 1889 (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	10	7	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Elec. Eng.
11. Industry or business Union Electric
FATHER
12. Name Martin V. Pabor
13. Birthplace ..... (City, town, or county) N. York (State or foreign country)
MOTHER
14. Maiden name Martha Peterson
15. Birthplace ..... (City, town, or county) N. Carolina (State or foreign country)
16. (a) Informant Mrs. S. G. Pabor
(b) Address Eldon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Cemetery
18. (a) Signature of funeral director Louis D. Phillips
(b) Address Eldon, Mo.
19. (a) 5-14-47 (Date received local registrar) (b) R. P. Dirrio MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1947 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 19, 1947, to ....., 19...; that I last saw him alive on 5/13, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriolar nephrosclerosis + uremia — Duration ?
Due to .....
Due to 131A
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 [signature] M.D. (M. D. or other)
Address 425 Madison Jeff City Date signed 5/16/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 5-22-47

JUN 6 1947

MAY 23 1947

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 Louis D. Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.