

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 308

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal

(c) Name of hospital or institution: Levering Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~XXXXXX~~ 2 Days

In this community 53 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Rural

(d) Street No. South River, Township

(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Harold Orval Paugh

3. (b) If veteran, name war World War #1

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, 1947 day 1 hour 9:00 minute P M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Monaeka Frazier

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: December 6 1893

8. AGE: Years 53 Months 8 Days 25 If less than one day hr. min.

21. I hereby certify that I attended the deceased from Sept 1, 1947 to Sept 11, 1947

that I last saw him alive on Sept 1, 1947 and that death occurred on the date and hour stated above.

9. Birthplace Marion County, Missouri

10. Usual occupation Farmer

Immediate cause of death Cardiac

febrile

Due to Bronchial pneumonia

Due to Multiple Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

MOTHER FATHER { 11. Industry or business

12. Name Harold Paugh

13. Birthplace Missouri

14. Maiden name Eva May Rhoades

15. Birthplace Missouri

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

16. (a) Informant Mrs Harold Paugh

(b) Address R #2 Hannibal, Mo.

17. (a) Burial (b) Date thereof 9/4/47

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lewis Bros

(b) Address Palmyra, Missouri

19. (a) 4-4-47 (b) W E M Luckey

23. Signature W E M Luckey (M. D. or other)

Address Palmyra, Mo Date signed 9/4/47

SEP 15 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.....
....., Registered Apprentice No.....
..... working under my personal supervision.

Signed..... *W. B. Lewis*.....
Licensed Embalmer No. *20382*.....
P. O. Address. *Palmyra, 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.