S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31377

FILED SEP 16 1947
Registration District No. 1947

Primary Registration District No. 1002

Registrar's No. 3280

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether
In this community: 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: ~~K.C. General Hospital No. 1~~ unknown
(If rural, give location)
(e) Citizen of foreign country? ~~No~~ unknown (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: VINCENT ~~Vincent Pauport~~
3. (b) If veteran, name war: W. W. I
3. (c) Social Security No.: Unknown

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 20 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
50	6	10	hr. min.

9. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation: Ice Cream Peddler
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: K.C. General Hosp.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland, Wisconsin
18. (a) Signature of funeral director: Weilert Funeral Home
(b) Address: Kansas City, Missouri
19. (a) 9-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: August day: 30th
year: 1947 hour: 3 minute: 20 A. M.
21. I hereby certify that I attended the deceased from 8-29-47, 19..., to 8-30-47, 19...; that I last saw him alive on 8-30-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 108	
Of autopsy: None	

PHYSICIAN
Underline the cause of 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: 0
23. Signature: Wm. W. Hart (M. D. or other) Med. Dir. K.C. Gen. Hospital
Address: K.C. Mo. Date signed:

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mr. Smith

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 Blaine E. Weikert

Licensed Embalmer No. 4075

P. O. Address K.C. 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.