

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

State File No. 31777

FILED OCT 3 1947

Registration District No. 172

Primary Registration District No. 4306

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County McDonald
 (b) City or town Goodman
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Goodman
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 45 years
years, months or days)

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

3. (a) PRINT FULL NAME JOSEPH EDWARD PAUL
 (b) If veteran, name war no
 (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 1
 year 1947 hour 3 minute 0 P. M.
 21. I hereby certify that I attended the deceased from May-15
1947, to Sept 1 1947
 that I last saw him alive on Sept 1 1947
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death
Chronic interstitial nephritis Duration 2 yrs
 Due to Chronic myocarditis
 Due to Senility
 Other conditions _____
(Include pregnancy within 3 months of death)

7. Birth date of deceased April 26 1875
(Month) (Day) (Year)
 8. AGE: Years 72 Months 4 Days 6
 If less than one day _____ hr. _____ min.

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace Granby Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation None (blind)

MOTHER FATHER
 11. Industry or business _____
 12. Name Thomas R. Paul
 13. Birthplace Charleston West Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Arbaugh
 15. Birthplace Charleston West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. L. Russell
 (b) Address Goodman, Missouri
 17. (a) Burial (b) Date thereof 9 3 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Howard Cem. Goodman, Mo.

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 _____

18. (a) Signature of funeral director John B. Popianin
 (b) Address Goodman Missouri
 19. (a) Sept. 6, 1947 (b) Mrs. Cass W. Smith
(Date received local registrar) (Registrar's signature)

23. Signature C. E. Meness (M. D. or other) M.D.
 Address New Mo. Date signed 9-2-47

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

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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.