

S/No. 2,  
M-1/47,  
v. 5-17-39

FILED APR 5 1948

Registration District No. 17

Primary Registration District No. 3337

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Peace Valley  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Peace Valley  
(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 ELSIE MARGARET PASCHALL

3. (b) If veteran, name war ---

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1948 hour 12 minute 15 a. m.

4. Sex female

5. Color or face white

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

6. (b) Name of husband or wife Robt. P. Paschall

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: June (Month) 4 (Day) 1880 (Year)

21. I hereby certify that I attended the deceased from May 16, 1946, to Mar 27, 1948  
that I last saw her alive on Mar 26, 1948  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death: Cerebral Hemorrhage (8 Mar 48)

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

10. Usual occupation housewife

Due to Arterial Hypertension - Chr  
Myocarditis - Chr  
Metral Insufficiency

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name A. W. Darling

13. Birthplace Groton, Vt.  
(City, town, or county) (State or foreign country)

14. Maiden name Ida Caroline Ingalls

15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

Major findings: 92 B

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Robt. P. Paschall

(b) Address Peace Valley, Missouri

17. (a) New Hope Cem. (b) Date thereof MAR 28 1948  
(Burial place) (Month) (Day) (Year)

(c) Place: burial or cremation Peace Valley, Mo.

18. (a) Signature of funeral director Hal Stoumborg

(b) Address West Plains, Mo.

19. (a) 3/31/48 (b) Laura Mitchell  
(Date received local registrar) (Registrar's signature)

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 name of place)

Which work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature W.D. (M. D. or other) \_\_\_\_\_

Address West Plains, Mo Date 30/3/48

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

MOTHER FATHER

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

APR 8 1948

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 \_\_\_\_\_

*Harold Edward Hooper*

Registered Apprentice No. 26

working under my personal supervision.

Signed

*Hal Thompson*

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.