

S. No. 2
1-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9232

Registration District No. 169

Primary Registration District No. 4201

Registrar's No. 213

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

1. PLACE OF DEATH:
(a) County KNOX
(b) City or town HURDLAND
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County KNOX
(c) City or town HURDLAND
(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 SAMUEL HENRY PAULH

MEDICAL CERTIFICATION

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

20. DATE OF DEATH: Month MARCH day 30 year 1948 hour 7 minute 30 P M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, divorced, or married MARRIED

21. I hereby certify that I attended the deceased from February 18, 1948 to March 6, 1948; that I last saw him alive on March 6, 1948; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife ELSIE WONDRAEY PAULH 6. (c) Age of husband or wife if alive 56 years

Immediate cause of death chronic person Duration _____

7. Birth date of deceased SEPTEMBER 30 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 6 If less than one day hr. _____ min. _____

Due to bones of the prostate gland.
Due to _____

9. Birthplace CINCINNATI OHIO
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation FARMER

11. Industry or business _____

Major findings:
Of operations 5/10
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name CHAS PAULH

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

14. Maiden name ANNA SURRY

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

16. (a) Informant Mrs. Elsie Paulh
(b) Address Hurdland, Mo.

17. (a) BURIAL (b) Date thereof 3-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director J. B. ...
(b) Address Hurdland, 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? _____
(Specify type of place) _____
(e) Means of injury 2

19. (a) April 9-48 (b) Will S. Burnett
(Date received local registrar) (Registrar's signature)

23. Signature Tom J. Kleser (M. D. or other) DO
Address Hurdland, Mo. Date signed 3/17/48

RECEIVED
District Health Officer No. 10
District File Number 4-48-686-
Date Filed APR 12 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Lois B. Cooney Jr.
Licensed Embalmer No. 3755
P. O. Address Hurdland M

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.