

National Office of Vital Statistics  
FILED JUL 27 1948

State File No. \_\_\_\_\_

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 55

1. PLACE OF DEATH:  
 (a) County. Harrison  
 (b) City or town. Bethany  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution. Roid Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 6 years  
 (Specify whether add'l of life)  
 In this community \_\_\_\_\_  
 Years, months or days

3. (a) PRINT FULL NAME Wm. Maurice Paster  
 3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. 1

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced. widow  
 6. (b) Name of husband or wife. \_\_\_\_\_  
 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years  
 7. Birth date of deceased. June 20 1886  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 17  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. Sherman Top 7 Am Co Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation. Farmer Retired

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

12. Name. Thomas Paster

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

14. Maiden name. Catherine Jane Smith

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

16. (a) Informant. Jack Paster

(b) Address. Bethany Mo

17. (a) Burial (b) Date thereof July 10 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Miriam Cemetery

18. (a) Signature of funeral director. Joe E White

(b) Address. Bethany Mo

19. (a) July 10 1948 (b) Zola Burns  
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day seventh  
 year 1948 hour 6:30 minute \_\_\_\_\_ PM

21. I hereby certify that I attended the deceased from May 26  
 1948 to July 7 1948  
 that I last saw him alive on July 7  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death. Apoplexy

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions. \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 830  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 23. Signature. Benet L. ... (X. D. or other) DR  
 Address. Bethany Mo Date signed July 10 1948

MOTHER PARTNER

**DISTRICT HEALTH OFFICE**  
**Camden, Mo.**

**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 Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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.