

DEC 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39718
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
(b) Township Rich Hill Primary Registration District No. 5685 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Loretta B. Paris

(a) Residence, No. 6 miles N. E. of Chillicothe St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Paris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Livingston County 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph Baxter
14. BIRTHPLACE (CITY OR TOWN) Unknown 1
(STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Ester
16. BIRTHPLACE (CITY OR TOWN) Unknown S
(STATE OR COUNTRY) Kent

17. INFORMANT George W. Paris
(ADDRESS) R. R. Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Mound DATE 12-2-1938

19. FUNERAL DIRECTOR Frank B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED 12/6/38 1938 Samuel M. Davis Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1938 to 12-2-1938
I last saw her alive on 11-29-1938 Death is said to have occurred on the date stated above, at 11:01 p.m.
The principal cause of death and related causes of importance were as follows:

Mitral disease heart Date of onset

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury 19.....
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None
(Signed) Samuel M. Davis M.D. Chillicothe, Mo.
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Elton F. Norman....., Licensed Embalmer No. 4036

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self and E. R. Norman

(2374)..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision:

Signed Elton F. Norman

Licensed Embalmer No. 4036

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.)