

Dr Mitchell

1939 AUG 22 1939

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

26519  
Do not use this space.

1. PLACE OF DEATH

(a) County phelps Registration District No. 677  
(b) Township \_\_\_\_\_ Primary Registration District No. 4403 Registered No. 74  
(c) City Rolla (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

Richard S. Paukersley  
(a) Residence, No. \_\_\_\_\_ 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 Male 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Paukersley  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1865  
7. AGE YEARS 71 MONTHS 1 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Junior S.M.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) McMinn Co Tenn  
(STATE OR COUNTRY)

FATHER 13. NAME Samuel Paukersley

14. BIRTHPLACE (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Melinda Moore

16. BIRTHPLACE (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

17. INFORMANT Perry Paukersley  
(ADDRESS) Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Rolla Mo DATE July 14, 1939

19. FUNERAL DIRECTOR (NAME) Mrs. Hardy M. Cow  
(ADDRESS) Rolla Mo

20. FILED July 14, 1939 Jos. F. Ayers  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Never treated, 19\_\_\_\_, 19\_\_\_\_.  
I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Don't know had an arrival. Just dropped dead. Date of onset \_\_\_\_\_

Other contributory causes of importance: Arterio-sclerosis 97 OK

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Dr Mitchell, M. D.  
(Address) Rolla Mo

RECEIVED

Officer No. 5  
District File Number 8 39 36  
to Filed 8 10 38

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 Robert F. McCaw

Licensed Embalmer No. 3953

P. O. Address Rolla 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

265-19  
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 677  
(b) Township Ralls Primary Registration District No. 4403 Registered No. \_\_\_\_\_  
(c) City Ralls (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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

Richard S Tankersley  
(a) Residence, No. \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1863

7. AGE YEARS 74 MONTHS 1 DAYS 13 If LESS than 1 day, hrs. \_\_\_\_\_ min. \_\_\_\_\_

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) (STATE OR COUNTRY)

FATHER  
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Sept 22 1939 Geo. F. Ryan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1939

22. I HEREBY CERTIFY, That I attended deceased from 19\_\_ to \_\_\_\_\_, 19\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) S. L. Mitchell, M. D.

(Address) Ralls Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE OF DEATH

S-24519

1939