DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29592

State File No.

Registration District No. 4716 Primary Registration District No. 3025 Registrar's No. 86

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McLarney Hospital 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 4 Days (Specify whether
In this community 43 years years, months or days) 632

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Brookfield (If outside city or town limits, write "RURAL")
(d) Street No. 219 Hunt St (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Francis Clair Paradise
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia H. Paradise 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb. (Month) 28 (Day) 1868 (Year)

8. AGE: Years 71 Months 6 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Aurora - Ill (City, town, or county) Ill (State or foreign country) 1
10. Usual occupation Retired R.R. Engineer
11. Industry or business 1
FATHER
12. Name Norman J Paradise 1
13. Birthplace Detroit (City, town, or county) Mich (State or foreign country)
MOTHER
14. Maiden name Louise Le Clair
15. Birthplace Detroit (City, town, or county) Mich (State or foreign country)
16. (a) Informant's own signature Julia H Paradise
(b) Address Brookfield - Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4 - 1939 (Month) (Day) (Year)
(c) Place: burial or cremation St. Michael Cemetery
18. (a) Signature of funeral director Hill Funeral Chapel
(b) Address Brookfield - Mo. 44
19. (a) Sept - 3 - 39 (Date received local registrar) (b) Jno H Lucas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1939 hour 230 minute a M.
21. I hereby certify that I attended the deceased from 5 - 11, 1939, to 9 - 2, 1939; that I last saw h n alive on 9 - 2, 1937; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	2 da
Due to Chronic Myocarditis, Gonny stenosis, and	
Due to Acute Intestinal Nephritis Chronic	2 yrs.
Other conditions 0 (Include pregnancy within 3 months of death) 131	
Major findings: Of operations 0	
Of autopsy 0	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (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? 0 (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~)
Address Brookfield, Mo Date signed 4/2/39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by J. M. Blacklock, Registered Apprentice No. ..... working under my personal supervision.

Signed J. M. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield Mo.

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

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