

1939 DEC 15 1939

Registration District No. 78Primary Registration District No. 4060Registrar's No. 11

## 1. PLACE OF DEATH:

- (a) County Caldwell  
 (b) City or town Kingston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_
- 
- (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days 11 1/23. (a) PRINT FULL NAME William Clinton Paul

3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Hattie Paul 6. (c) Age of husband or wife if alive 82 years7. Birth date of deceased June 25 - 1957  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
82 4 6 hr. min.9. Birthplace Evansville New York  
(City, town, or county) (State or foreign country)10. Usual occupation Retired

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

12. Name William Paul13. Birthplace New York  
(City, town, or county) (State or foreign country)14. Maiden name Minerva S. Hummer15. Birthplace New York  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lea Paul Hesser(b) Address Kingston Mo17. (a) Burial (b) Date thereof 11-2-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Kingston Mo18. (a) Signature of funeral director Cramer Clark(b) Address Kingston Mo19. (a) Nov 24 1939 (b) Mrs Ruth Hill  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State 1 (b) County \_\_\_\_\_(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 St. Mo.  
year 1939 hour 4 - P M.21. I hereby certify that I attended the deceased from December  
19th - 1938 to October 31st 1939  
that I last saw him alive on October 31st 1939  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic myocarditis Duration About  
and Generalized Arteriosclerosis 15 1/2  
Senile debility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: No Operation

Of operations \_\_\_\_\_

Of autopsy No 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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature W. J. House (M. D. or other) 1Address Kingston Mo Date signed 11-2-39

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

DECEMBER

City Health Officer No. 11,

1239-1692

DEC 14 1939

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.....

*Cramer Clark*

Registered Apprentice No.....

working under my personal supervision.

Signed *Cramer Clark*

Licensed Embalmer No. *3257*

P. O. Address *Kingston 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, above space should be left blank.