

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.

Registration District No. 1171

Primary Registration District No. 2175

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County TEXASLAND  
 (b) City or town JACKSON TOWNS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (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 2 11 0

8. (a) PRINT FULL NAME ELDRIDGE O. PASCHALL  
 3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 27 1864  
 (Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Aulton MO.  
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

MOTHER FATHER  
 12. Name JOHN W. PASCHALL  
 13. Birthplace MO. 2. 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MARTHA PASCHALL  
 (City, town, or county) (State or foreign country)  
 15. Birthplace UNKNOWN 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. H. McColeman  
 (b) Address RAYMONDVILLE, MO.

17. (a) BURIAL (b) Date thereof 3-6-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VOLMAR  
 (d) Signature of funeral director Gaylord U. Elliott  
 (e) Address Houston, Mo.

19. (a) Mar 6-1940 (b) Mrs. Dora Gregory  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County TEXAS  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. JACKSON TOWNS  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month MAR. day 4  
 year 1940 hour 9 minute \_\_\_\_\_ P.M.  
 21. I hereby certify that I attended the deceased from JAN 15  
1940 to MAR 4, 1940,  
 that I last saw him alive on JAN. 15, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION  
 Duration \_\_\_\_\_

Due to DEGENERATIVE CARDIO-RENAL VASCULAR DISEASE

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

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) \_\_\_\_\_  
 (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? 186  
 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. M. DeLuna (M. D. or other) M.D.  
 Address Houston Date signed 3-5-40

**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.....

..... by personal supervision.

**RECEIVED**

District Health Officer No. 55,

District File Number 440 441

Date Filed 4.11.40

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.