

25 1940
Registration District No. 815

Primary Registration District No. 4491

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Blodgett
(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) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Amos Lee Paschall 240

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Zora Paschall 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 9 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>12</u>	hr. _____ min.

9. Birthplace Henry county Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Callie Paschall
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Orista Paschall

(b) Address Blodgett, Mo

17. (a) Burial (b) Date thereof 8-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blodgett, Mo.

18. (a) Signature of funeral director G. A. Dempster

(b) Address Sikeston, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Blodgett
(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 Aug day 21
year 1940 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 12-40
1940 to Aug 21 1940
that I last saw him alive on Aug 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of 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? _____

737 _____
(Specify type of place) (e) Means of injury _____

23. Signature G. A. Dempster (M. D. or other) _____

Address Blodgett, Mo Date signed 8-23-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No

District File Number 940-14

Date Filed 9/10/40

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.....

working under my personal supervision.

Signed

G. A. Dempster

Licensed Embalmer No. 2021

P. O. Address Sideston W.

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, fact should be so stated above.

No. 2B
-2-21-40
1 X21399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29794**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **81**

Primary Registration District No. **4491**

Registrar's No. _____

FILED OCT 23 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Scott**

(b) City or town **Blodgett**
(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 _____ (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Scott**

(c) City or town **Blodgett**
(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.

3. (a) PRINT FULL NAME **Amos Lee Paschall**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **21** year **1940** hour **8** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Aug 12** 19**40**, to **Aug 21** 19**40** that last saw him alive on **Aug 21** and that death occurred on the date and hour stated above.

Immediate cause of death **Calculus**

4. Sex **male** 5. Color or race **w**

6. (a) Single, widowed, married, divorced **married**

6. (c) Age of husband or wife, if alive **70** years

7. (a) Name of husband or wife **Zura Paschall**

7. (b) Birth date of deceased: **12** (Month) **9** (Day) **1866** (Year)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years **73** Months **8** Days **12** If less than one year _____ min.

9. Birthplace **Henry Co Tenn**
(City, town or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **Callie Paschall**

13. Birthplace **Henry Tenn**
(City, town or county) (State or foreign country)

14. Maiden name **Nancy Nichols**

15. Birthplace **Henry Tenn**
(City, town or county) (State or foreign country)

16. (a) Informant **Oresta Paschall**

(b) Address **Blodgett Mo**

17. (a) **Burial** (b) Date thereof **8-22-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blodgett Mo**

18. (a) Signature of funeral director **G. A. Dempster**

(b) Address **Sixeston Mo**

19. (a) **10-740** (b) **J. Ammel**
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature **E. J. Niernstedt** (D. or other) _____

Address **Sixeston Mo** Date signed **8/23/40**

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29794**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **815**

Primary Registration District No. **8491**

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Seath
 (b) City or town Blodgett
(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)

3. (c) PRINT FULL NAME Amos Lee Paschall

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 _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>12</u>	hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace Henry County, Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Michael

15. Birthplace Henry County, Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10/7/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (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.

20. DATE OF DEATH: Month Aug day 21
 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of 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 _____ (M. D. or other) _____

Address _____ Date signed _____

MEDICAL CERTIFICATION

PHYSICIAN

Duration _____

Underline the cause to which death should be charged statistically.