

Registration District No. 495

Primary Registrar District No. 5659

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Lincoln Mo Rural  
(b) City or town Siles Mo Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ward 7  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Lincoln Community  
years, months or days 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln  
(c) City or town Siles Mo Rural  
(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.? No. years.

RECORDED 11 1940

3. (a) PRINT FULL NAME ALLIE MAY PAUL

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

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Paul 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased Jan 5 1880  
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lincoln Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name K. L. Mc Cune

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ade Tadel

15. Birthplace Wright City Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Paul

(b) Address Siles Mo

17. (a) Removal (b) Date thereof 11-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Mo

18. (a) Signature of funeral director A. R. Longford  
(b) Address Siles Mo

19. (a) 11-25-1940 (b) Marilyn Motley  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24  
year 1940 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from January 2-1940 to Nov 24 1940  
that I last saw her alive on Nov 11 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Artero-Sclerosis

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

Other conditions (Include pregnancy within 3 months of death) 937

Major findings: \_\_\_\_\_

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

Of autopsy No

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?  
443

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature O. H. Dawson (M. D. or other) MD

Address Siles Mo Date signed 11-25-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2  
-39  
99  
1492

**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, ~~and~~ \_\_\_\_\_

XX

\_\_\_\_\_, Registered Apprentice No. XX

working under my personal supervision.

Signed \_\_\_\_\_

*W. P. Wainwright*

Licensed Embalmer No. 2251

P. O. Address *Silf Mo.*

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

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