

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7624

Do not use this space.

1. PLACE OF DEATH  
(a) County Moniteau Registration District No. 5-76  
(b) Township Harrison Primary Registration District No. 677.381 Registered No. 268  
(c) City \_\_\_\_\_ or \_\_\_\_\_ (d) Street No. 1 \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Everett Lee Paper, Jr.  
(a) Residence, No. High Point Mo  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Put in the word) Child
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1940
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
10 0 0
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canderton Mo
13. NAME Everett Lee Paper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deaterville Mo
15. MAIDEN NAME Tanzel Webster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linscreek Mo
17. INFORMANT (ADDRESS) Everett Lee Paper  
High Point Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles Cem DATE Mar. 8, 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bill Kidwell  
Versailles Mo
20. FILED 3/8 1941 Jewell W. Phillips  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6, 194122. I HEREBY CERTIFY That I attended deceased from Mar. 2, 1941 to Mar. 6, 1941I last saw him alive on Mar. 6, 1941 Death is said to have occurred on the date stated above, at 11:45 P.

The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Feb.211941

Other contributory causes of importance:

Pernicious pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Walter S. Leslie, M. D.(Address) Versailles Mo

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**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.....

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.**