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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34119

Registrar's No. 4059

1. PLACE OF DEATH:
(a) County: Jackson,
(b) City or town: Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 West 62nd Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: x (Specify whether
In this community: 50 years, / years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri, (b) County: Jackson, 048
(c) City or town: Kansas City, 38
(If outside city or town limits, write "RURAL")
(d) Street No.: 2 West 62nd Street,
(If rural, give location)
(e) Citizen of foreign country? x (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Cora A. Pauschert,

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married,

6. (b) Name of husband or wife: Fred A. Pauschert,

6. (c) Age of husband or wife if alive: x years

7. Birth date of deceased: February (Month) 1 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	8	30	hr. min.

9. Birthplace: Illinois, (City, town, or county) / (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: x

FATHER
12. Name: John G. Adams,
13. Birthplace: Unknown, (City, town, or county) (State or foreign country) U

MOTHER
14. Maiden name: Mary Elizabeth Proctor,
15. Birthplace: Unknown, (City, town, or county) (State or foreign country) U

16. (a) Informant: Fred A. Pauschert,
(b) Address: 2 West 62nd St., Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof: 11-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery,

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 10/31/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st, year 1941 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from October 1, 1941, to October 31, 1941, that I last saw h. alive on October 31, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Influenza bronchopneumonia -	10 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cerebral hypertension	2 years

Major findings:
Of operations: —
Of autopsy: 330

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? —
While at work? (Specify type of place) (e) Means of injury: —

23. Signature: Graham Asher (M. D. or other) M.D.
Address: 1220 Ruf. Bldg. Date signed: 10-31-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Graham Asher

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 E. M. Brooks

Licensed Embalmer No. 1848

P. O. Address Kansas City

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.