S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36360

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4292

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:
North East Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days (Specify whether
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 27

(c) City or town R.R.#10-North K.C.Mo. 6
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.R.#10- North K.C.Mo.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Otto Clarence Paris

3. (b) If veteran, name war No

3. (c) Social Security No. 353-01-3016

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Elinor D. Paris

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

7. Birth date of deceased August (Month) 6 (Day) 1889 (Year)

8. AGE: Years 53 Months 3 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Oklahoma (State or foreign country) 1

10. Usual occupation Chef ,retired

11. Industry or business

FATHER
12. Name George Paris
13. Birthplace (City, town, or county) Iowa (State or foreign country) 1

MOTHER
14. Maiden name Nancy Ellen Clutter
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. W.R.Coupland
(b) Address R.R.#10-North K.C.Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-19-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address Kansas City ,Missouri

19. (a) 11-18-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th
year 1942 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct 1, 1942 to 11-15, 1942
that I last saw him alive on 11-14, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic pneumonia	4 h.
Due to Primary Carinoma of mediastinum at left lung	2 Mo.
Due to Secondary CA. of Liver	
Other conditions (Include pregnancy within 3 months of death) 477	

Major findings:
Of operations
Of autopsy CA. of mediastinum, left lung and liver

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

23. Signature E D Reese (M. D. or other) DO
Address 3201½ E 12th Date signed 11-16-42

(Licensed Embalmer's Statement on Reverse Side)

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address R. C. Mo.

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.