

S. No. 2
OM-1-4-41
ev. 5-17-39

37356

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 10 1942

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 89

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus
outside city or town limits, write "RURAL" and name of township

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community Approx. 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Festus
(If outside city or town limits, write "RURAL")

(d) Street No. 408 N. 4th
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna M. Paul

(b) If veteran, name war _____

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24 year 1942 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 16 1924 to Nov 24 1942

that I last saw her alive on Nov 9 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James F. Paul

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

7. Birth date of deceased: September 26 1882
(Month) (Day) (Year)

Immediate cause of death: Cerebral apoplexy Duration of death

8. AGE: Years 60 Months 1 Days 28 If less than one day hr. _____ min. _____

Due to: Hypertension & atherosclerosis Duration 2 yrs

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

Due to: _____

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

10. Usual occupation Housewife

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Charles Bourisaw

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

14. Maiden name Rosetta Palita

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

16. (a) Informant Mrs. Lee Crawford

(b) Address Festus Mo.

17. (a) Burial (b) Date thereof 11-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Catholic Cem.

18. (a) Signature of funeral director H. S. Vinyard

(b) Address Festus Mo.

19. (a) 11-28-42 (b) H. P. Aheey
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address Hotel City Mo. Date Nov 24 1942

1265 (Licensed Embalmer's Statement on Reverse Side)

DEC 1 10 1930

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.....

H. S. W. [Signature]

Licensed Embalmer No. 3010

P. O. Address [Signature]

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.