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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED MAR 10 1949

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Caruthersville, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 609 Eastwood Avenue.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country Citizen of U.S.A.

3. (a) PRINT FULL NAME James A. Paul

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Paul 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 11, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>10</u>	<u>7</u>	hr. min.

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

10. Usual occupation Salesman

11. Industry or business As above.

12. Name Isaac Paul

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

14. Maiden name Mary J. Cultiherman

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

16. (a) Informant J.A., Jr. & Barbara Paul

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof April 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie Cemetery

18. (a) Signature of funeral director J. L. La Forge

(b) Address Caruthersville, Mo.

19. (a) 4-21-48 (b) Jessie W. Markey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 6.00 minute 0 pm.

21. I hereby certify that I attended the deceased from Apr 15 to Apr 18, 1948
that I last saw him alive on Apr 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Phlebotomy

Due to Security

Due to Security

Other conditions 109
(Include pregnancy within 3 months of death)

Major findings: Of operations 109

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
Where did injury occur?..... (City or town) (County) (State)
(c) 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 J. L. La Forge (M. D. or other)

Address Caruthersville, Mo. Date signed 4-22-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1206 (Licensed Embalmer's Statement on Reverse Side)

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

20-2071

4-43-193

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.....

J. L. La Forge

Licensed Embalmer No. *3082*

P. O. Address. *Cantherville, 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.