

No. 2  
1-2-43  
5-17-39  
1 X3567

**FILED APR 11 1946**

Registration District No. **376**

Primary Registration District No. **4462**

Registrar's No. **84**

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

**1. PLACE OF DEATH:**

(a) County **St. Francois, Mo**

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

(c) Name of hospital or institution: **✓**  
(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) **all his life**

**3. (a) PRINT FULL NAME** **PAUL WEISS**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **✓** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **Sept. 18<sup>th</sup> 1930**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>15</b>	<b>3</b>	<b>18</b>	hr. _____ min. _____

9. Birthplace **Clarks, Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **School**

11. Industry or business \_\_\_\_\_

12. Name **his wife**

13. Birthplace **Iron Mountain, Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Florence C. Cook**

15. Birthplace **Patton, Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **his wife**  
(b) Address **Clarks, Mo**

17. (a) **Burial** (b) Date thereof **3-8-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **900 Elm St, Clarks, Mo**

18. (a) Signature of funeral director **Gardwell Bros**  
(b) Address **Feal River, Mo**

19. (a) **3/11/46** (b) **either Rudloff**  
(Date received from registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Francois**

(c) City or town **Clarks, Mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March**, day **6**, year **1946** hour **6** minute **A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive or \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Coroner Jury verdict Unavoidable accident, collision between automobile and bicycle, car driven by Harley Motley**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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) **accident 94**

(b) Date of occurrence **March 5, 1946**

(c) Where did injury occur? **Clarks, St. Francois, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Highway 432**

While at work? **no** (Specify type of place) (e) Means of injury **Fractured skull**

23. Signature **Bert J. Miller** (M.D. or other) **Coroner**  
Address **Farmington, Mo** Date signed **3/16/46**

DIED

Sanitary Health Officer No. 4  
District File Number 446-1973  
Date Filed 4-9-46

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 W.A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River on

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.