U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 17251

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 35

**1. PLACE OF DEATH:**

(a) County: Lewis

(b) City or town: Canton Canton
(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)
In this community: Two years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Lewis 56

(c) City or town: Canton /
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: Terrance Joseph Paulson

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: January (Month) 23 (Day), 1941 (Year)

8. AGE: Years 5 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Carl Paulson
13. Birthplace: Bergland (City, town, or county) Canada (State or foreign country) 2

MOTHER
14. Maiden name: Matilda Peterson
15. Birthplace: Bend (City, town, or county) Oregon (State or foreign country) /

16. (a) Informant: Mrs. Dolan Barnes
(b) Address: Canton, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Apr. 18, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Bend, Oregon

18. (a) Signature of funeral director: Earl H. Buckley
(b) Address: Canton, Mo.

19. (a) 4-20-46 (Date received local registrar) (b) P. W. Jennings M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 16 year 1946 hour 3 minute P.M. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: By accidental drowning in a well. (Duration)

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 56

(b) Date of occurrence: April 16, 1946

(c) Where did injury occur? Canton (City or town) Lewis (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? An old well on vacant lot. (Specify type of place)

While at work? No (e) Means of injury: Drowning

23. Signature: Earl H. Buckley (M. D. or other)

Address: Canton, Mo. Date signed 4/18/46

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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 15 1946

RECEIVED
District Health Officer No. 10
District File Number 5-46-1049
Date Filed MAY 23 1946

**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 Earl H. Barkley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.**