

STANDARD CERTIFICATE OF DEATH

State File No. 24517

Registration District No. 262

Primary Registration District No. 0-887

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Tecumseh Bayou
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 777
(c) City or town Kerrville 41
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME Harold Louis Paul

3. (b) If veteran, name war No 3. (c) Social Security No. 299-01-2703

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Grace Paul 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased February 27, 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Massillion, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Diesel Engineering

11. Industry or business _____

MOTHER FATHER { 12. Name John Paul
13. Birthplace Massillion, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Clara Zellar
15. Birthplace Massillion, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Florence J. Paul

(b) Address 159268-Kerrville-Texas

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

(c) Place: burial or cremation Ohio

18. (a) Signature of funeral director Clayton Head Fun Home

(b) Address Wra Mo

19. (a) 6-11-46 (b) June 17, 1946
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 11 day 1946
year _____ hour 3:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 11, 1946
_____, 19____, to June 11, 1946;
that I last saw him alive on June 11, 1946, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 90 min.
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) _____

(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 M. J. Haerman (M.D. or other) 2 D.O.
Address Gainesville, Missouri Date signed 6/11/46

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

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0
0

273368

APR 28 1977

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.B. Hutchison

Licensed Embalmer No. 3431

P.O. Address Jamesville 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.

04-10