

FILED OCT 23 1946  
Registration District No. 960

Primary Registration District No. 55-96

State File No. \_\_\_\_\_

Registrar's No. 52

**1. PLACE OF DEATH:**

(a) County Jefferson

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

(c) Name of hospital or institution:  
Route - 1 - Desoto - 1  
(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 1 month  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Jefferson 30

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

(d) Street No. Route # 1 - Desoto  
(If rural, give location)

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

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

**3. (a) PRINT FULL NAME** Raymond Allen Paul

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Oct day 5  
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5 Oct, 1946 to 5 Oct, 1946  
that I last saw him alive on 5 Oct, 1946  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife see part 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug - 30 - 1946  
(Month) (Day) (Year)

Immediate cause of death Bronchitis pneumonia ?

Due to unknown

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

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

Major findings:  
Of operations 107

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

8. **AGE:**

Years	Months	Days	If less than one day
	<u>1</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name Hester J Paul

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

14. Maiden name Genevieve Stephens

15. Birthplace St Louis Mo.  
(City, town, or county) (State or foreign country)

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

16. (a) Informant Hester J Paul

(b) Address Desoto - Mo.

17. (a) Rural (b) Date thereof Oct 6 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desoto Mo. (Woodlawn)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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? ✓

18. (a) Signature of funeral director J Lee Motherhead

(b) Address Desoto - Mo.

19. (a) 10/14/46 (b) Marie Harris  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Paul V. [unclear] (M. D. or other) M. D.

Address Desoto, Mo. Date signed 6 Oct 46

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

MOTHER FATHER

146

RECEIVED  
District Health Officer No. 8  
District File Number.....  
Date Filed..... 10-22-76

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. M. Mothershead*  
Licensed Embalmer No. 3531  
P. O. Address *Des Moines*

**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.