

FILED DEC 19 1946
Registration District No. 236

Primary Registration District No. 5818

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Versailles Rural MOREAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 mi. E. Versailles
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 44 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71
(c) City or town Versailles Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. E. Versailles 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME

William M. Paul

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased May 30 1847
(Month) (Day) (Year)

8. AGE: Years 99 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Paul 7
13. Birthplace Unknown Unknown 7
(City, town, or county) (State or foreign country)
14. Maiden name Emma Black
15. Birthplace Unknown Unknown 7
(City, town, or county) (State or foreign county)

16. (a) Informant Emery Paul
(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof Dec. 13-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Versailles, Cemetery

18. (a) Signature of funeral director A. F. Russell
(b) Address Versailles, Missouri

19. (a) 12-13-46 (b) J. J. Washburn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1946 hour 5 minute 30 p. 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 Impairment of old eye

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

Duration
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 Paul L. Medicus (M. D. or other) 3
Address Versailles Mo. Date signed 12/12/46

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

RECEIVED
District Health Officer No. 2
District File No. 11-46-2119
Date Filed 12/17/46

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 J. L. Stevinson
Licensed Embalmer No. 4093
P. O. Address Stover Ma

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.