

Registration District No. 204 Primary Registration District No. 6198

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

1. PLACE OF DEATH:  
(a) County Texas  
(b) City or town Rural Cass Sup.  
(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 33 yrs.  
In this community 33 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Texas 107  
(c) City or town Rural near Lyons Mo.  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME William Palstring  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 10  
year 1947 hour 9:40 minute P.M.  
21. I hereby certify that I attended the deceased from June 5, 1947  
to June 10, 1947  
that I last saw her alive on June 10, 1947  
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 married  
6. (b) Name of husband or wife Sarah Pauline  
6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased Sept 3 1867  
(Month) (Day) (Year)

Immediate cause of death  
Due to Senility  
Due to

8. AGE: Years 79 Months 9 Days 7  
If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

9. Birthplace Humbolt Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Heinrich Palstring

13. Birthplace Germany

14. Maiden name unknown

15. Birthplace Germany

16. (a) Informant Mrs. Sarah Pauline Palstring  
(b) Address R#1 Hooper Mo.

17. (a) Burial (b) Date thereof June 15, 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Lyons Cemetery, Mo.

18. (a) Signature of funeral director Bayford V. Elliott  
(b) Address Cabool Mo.

19. (a) July (b) Gaynell Cunningham  
(Date received local registrar) (Registrar's signature)

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) Means of injury  
23. Signature J. W. Coats (M. D. or other)  
Address Cabool Date signed July 11, 1947

RECEIVED

District of Columbia  
Office No. 5,  
74 7394  
Date filed 7-22-47

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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.....

Licensed Embalmer No. 4374

P. O. Address Baltimore, Md.

**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.**