S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 25 1947
Registration District No. 187

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5698

State File No. 38860
Registrar's No. 149

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Sampsel
(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
In this community 11 months
years, months or days).

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Sampsel 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gladys Paschen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William P. Paschen
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased September (Month) 15 (Day) 1897 (Year)

8. AGE: Years 50 | Months 1 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace Livingston County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name George Allnutt
13. Birthplace Livingston County, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Florence Pennington
15. Birthplace Adair County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant W. P. Paschen
(b) Address Sampsel, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) Nov 10/47 (Date received local registrar) (b) Francis B. Neill (Registrar's signature) 171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th year 1947 hour 3 minute 40 P M.
21. I hereby certify that I attended the deceased from Nov 9 1947, to Nov 9 1947; that I last saw her alive on Nov 9 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	12 hrs
Due to arterio-sclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 0	
Of autopsy	

PHYSICIAN
Underline the cause of 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? — (Specify type of place)
While at work? (e) Means of injury — 0
23. Signature G. W. Carpenter (M. D. ~~or other~~)
Address Chillicothe Mo. Date signed 11/10/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1950

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.