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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 527
Registrar's No. 6

FILED FEB 6 1948

Registration District No. 64 Primary Registration District No. 4110

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Salisbury
(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 all years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME John Herman Paschen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased. 12 11 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 1 19 _____ hr. _____ min.

9. Birthplace Walton MO
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Albert Paschen

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

14. Maiden name Julia Grotman

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Wilton Paschen

(b) Address Salisbury

17. (a) Burial (b) Date thereof 2 10 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury

18. (a) Signature of funeral director Geo B. Winkelmeyer

(b) Address Salisbury MO

19. (a) 1/31/48 (b) W. Hawkins
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Chariton

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

(d) Street No. _____ (If rural, give location) _____

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1948 hour _____ minute 2 M.

21. I hereby certify that I attended the deceased from Dec-1 1947 to Jan 20 1948; that I last saw him alive on Jan 30 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Generalized arteriosclerosis

Due to _____

Other conditions Enlarged Prostate
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy G3D

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 W. Hawkins (M. D. or other) _____

Address Salisbury MO Date signed 1/31/48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-5-18

FEB 10 1888

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 Chas B Winkelman

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.