

FILED APR 7 1943
Registration District No. **286**

Primary Registration District No. ~~283~~ ~~286~~ **608** Registrar's No. **8**

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural Orrick, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 1/4 miles north of Orrick
(If not in hospital or institution, write best number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 68-4-18 years, months or days)

3. (a) PRINT FULL NAME WILLIAM HENRY PAULSON
3. (b) If veteran, name war None 3. (c) Social Security No. 492-18-5617

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances E. Paulson 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Nov 10 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 18 hr. min.

9. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER
12. Name John Paulson
13. Birthplace Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Mary Johnson
15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Erma Seigel

(b) Address 217 1/2 S. St. Escalator Springs, Mo.

17. (a) Burial (b) Date thereof 3-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Southwest - Cem

18. (a) Signature of funeral director Libron Funeral Home
(b) Address Orrick, Mo.

19. (a) 3/29/43 (b) _____
(Day received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/4 miles north of Orrick
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28
year 1943 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 28 1943 to March 29 1943
that I last saw him alive on March 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute Myocarditis
Thyroid Adenoma
Due to Bronchopneumonia
Due to _____

Duration
Unknown
Unknown
3 days

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 55c
Of autopsy _____

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 0
23. Signature Virgil E. Shook (M. D. or other) M.D.
Address Orrick, Mo. Date signed 3-29-43

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

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 4-5-43

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. 4137

P. O. Address

Exelsior Springs

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.

PA--02E SNEYDIA

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11210
8
Registrar's No. _____

Registration District No. 296

Primary Registration District No. 6018

MENT RECORD

BLACK INK—MAKE A PL.

WRITE PLAIN

1. PLACE OF DEATH:

(a) County Ray Rural
(b) City or town _____
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Wm Henry Paulson

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Nov. 10 (Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 1 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address 217 1/2 S. St. Gladstone Springs - Mo

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 28 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____

that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

5-11210