

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10934

State File No. \_\_\_\_\_

FILED MAR 23 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 4191

Registrar's No. 2

1. PLACE OF DEATH  
(a) County Gasconade  
(b) City or town Gasconade  
(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 Six months (Specify whether years, months or days)

3. (a) PRINT FULL NAME John H. Paukey  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Ellen Paukey 6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased Apr 27 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lee Paukey  
13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hill  
(b) Address Gasconade Mo

17. (a) Rural (b) Date thereof 2/24/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calif. Crematorium

18. (a) Signature of funeral director William F. Friedman

(b) Address California Mo

19. (a) Feb 23, 1944 (b) A. H. Liddle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Montrou  
(c) City or town Gasconade Rural (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 Feb day 22 no.  
year 1944 hour 5 minute 35 a. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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 97 - arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 97

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) (c) Means of injury \_\_\_\_\_

23. Signature J. R. Burdick (M. D. or other) \_\_\_\_\_

Address California Mo Date signed 2/23/44

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 3-21-44

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 H. E. Friedmeyer  
2854  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address California 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.