

REC'D JAN 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42382
Do not use this space

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 155
 (b) Township _____ Primary Registration District No. 1041 Registered No. 1262
 (c) City St. Joseph (d) Street No. St. Joseph Hospital St. _____
 (e) Length of residence in city or town where death occurred 27 yrs. _____ mos. _____ ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Paulson

(a) Residence, No. 2016 Calhoun St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick C. Paulsen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1860.

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min.
78 8 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davenport Iowa.

FATHER 13. NAME August Senn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Switzerland

MOTHER 15. MAIDEN NAME Catherine Stüder
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Switzerland

17. INFORMANT Mrs. J.L. Hager
 (ADDRESS) 2901 Sylvania, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Raphael Cemt. Indian Grove, Mo. Dec. 18, 1938

19. FUNERAL DIRECTOR H.O. Sidenfaden and Son
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Dec 16 1938 H. Stettin
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1938 to Dec 15 1938
 I last saw him/her alive on Dec 15 1938 Death is said to have occurred on the date stated above, at 4:15 PM
 The principal cause of death and related causes of importance were as follows:

Pneumo-pneumonia Dec 10/38
93C
 Other contributory causes of importance: Ch. Myocardialis

Name of operation none Date of _____
 What test confirmed diagnosis? Chen Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Frank Volz M. D.
 (Address) Lawrence St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5010-7-20-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington, Licensed Embalmer No. 3258.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

L. E. -----

No. ----- or by -----, Registered Apprentice No. -----
working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258.

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.)