

No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39026

State File No. 80

Registrar's No.

Registration District No. 461

Primary Registration District No. 3024

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

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Livingston
 (c) Name of hospital or institution:
111 N 16th St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community Life
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME LAURA JANE WERNWAG

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

4. Sex Fe. 5. Color or race W. 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Wm Thomas Wernwag 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased Nov. 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>0</u>	<u>0</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name John Paulman

13. Birthplace Wile 9 man, England
(City, town, or county) (State or foreign country)

14. Maiden name Katherine B. Fling

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

16. (a) Informant Harry Paulman

(b) Address Livingston, Mo

17. (a) Burial (b) Date thereof 11-4-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, Mo

18. (a) Signature of funeral director Winkler

(b) Address Livingston, Mo

19. (a) Nov. 4-1940 (b) Delia Bates
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Lafayette
 (c) City or town Livingston
 (If outside city or town limits, write "RURAL")
 (d) Street No. 111 N 16th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1940 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from Sept. 28
1940, to Nov. 1, 1940;
that I last saw her alive on Nov 1, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMATOSIS
Carcinomatous
Cancer of uterus

Due to _____

Due to _____

Other conditions 40
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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?
800

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Romance (M. D. or other) J.M.D.
Address Livingston, Mo Date signed 11/6/40

Walla

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-12-40

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.....

Garret F. Temple

Licensed Embalmer No.

32757

P. O. Address.....

Lexington, Md

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.