

FILED APR 24 1942

Registration District No. 553

Primary Registration District No. 4328

Registrar's No. H

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton
(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 1
(Specify whether
In this community 76 Years
years, months or days)

3. (a) PRINT FULL NAME Cordelia Gaul

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Gaul 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 22 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 16 hr. min.

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

10. Usual occupation House Keeper

11. Industry or business

MOTHER FATHER { 12. Name Robert Moore
13. Birthplace Unkown (City, town, or county) (State or foreign country)
14. Maiden name Hester Jewett
15. Birthplace Unkown (City, town, or county) (State or foreign country)

16. (a) Informant Rolph Gaul
(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof 1-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director William Moore
(b) Address Princeton Mo.

19. (a) 1-9-42 (b) Jessie Alley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mercer 065
(c) City or town Princeton, Mo.
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1942 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 7 1942 to Jan 8 1942 and that death occurred on the date and hour stated above.

that I last saw him/her alive on Jan 7 1942
Immediate cause of death apoplexy Duration 1 day

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations

Of autopsy none

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) (e) Means of injury

23. Signature J. M. Perry (M. D. or other) MD
Address Princeton Mo Date signed 1/8-42

1117

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

55
1
0

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. Ivan Martin

Licensed Embalmer No. 3760

P. O. Address. Princeton, 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.