

FILED JUN 11 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2349

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 wks.
(Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1100 E. 9th St.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME Herman Pauletie

3. (b) If veteran, name was World War I (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 13 - 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Maintenance

11. Industry or business K.C. Schools

12. Name John Pauletie

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

14. Maiden name Fannie

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

16. (a) Informant Mr Otto F Pauletie

(b) Address 1100 East 9th Street

17. (a) Burial (b) Date thereof May 31 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem.

18. (c) Signature of funeral director W. W. ...

(b) Address 1401 13th Creek

19. (a) 5-31-45 (b) St. Gertrude Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1945 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from April 26, 1945, to May 30, 1945, that I last saw him alive on May 30, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured peptic ulcer peritonitis

Due to _____

Due to _____

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

Major findings: Of operations 117a

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 Clark A. Seely (M.D. or other) General Hospital
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 E. Oscar Worthington

Licensed Embalmer No. 17670

P. O. Address Kansas City

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.