

S. No. 2  
M-2-43  
7. 5-17-39  
-1 X3569

State File No. ....

FILED JUN 3 1946  
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2306

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Mohe  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
109 Washington  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community unknown  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mohe (b) County Jackson

(c) City or town Mohe  
(If outside city or town limits, write "RURAL")

(d) Street No. 709 Washington  
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PAUL S. SEVERIN

3. (b) If veteran, name war unknown

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22  
year 1946 hour \_\_\_\_\_ minute 05 AM

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

Immediate cause of death myocardial degeneration

Due to injury

8. AGE: Years app 88 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) 93 d

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_

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

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Cornet's office

(b) Address Mohe

17. (a) Removal (b) Date thereof 5/24/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation K. G. Dental College

18. (a) Signature of funeral director Sebbetos

(b) Address \_\_\_\_\_

19. (a) 5-23-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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 P.H. Owens (M. D. or \_\_\_\_\_)  
Address News City Mohe Date signed 5/22/46

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

15721

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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.....

*Harry Bergman*

Licensed Embalmer No.....

*2041*

P. O. Address.....

*716 No.*

**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.**