

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital No. 1
(d) Length of stay: In hospital or institution 15 days
In this community since 1890

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri
(b) County Jackson
(c) City or town Kansas City
(d) Street No. 406 W. 75 St.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Jacob F. Paulsen
3. (b) If veteran, name war no. 3. (c) Social Security No. NO.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased April 17 1871

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 8
year 1947 hour 3 minute 55 P. M.
21. I hereby certify that I attended the deceased from Dec. 24 1946 to Jan. 8 1947
that I last saw him alive on Jan. 8 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 8 Days 22 hr. min.

Immediate cause of death: Cerebral vascular accident
Due to _____
Due to _____

9. Birthplace: Schleswig, Holstein

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

10. Usual occupation: Retired Barber

Major findings: Of operations _____

11. Industry or business: X

Of autopsy: See above

12. Name: Hans Paulsen
13. Birthplace: Denmark

14. Maiden name: Mary Jacobsen
15. Birthplace: Denmark

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant: Armour Home Records
(b) Address: 81st & Wornall Rd., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-10-47
(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.

23. Signature: _____ (M. D. or other) _____
Address: Med. Dir. Gen'l Hosp. Date signed: 1-9-47

19. (a) 1-10-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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

Dr. Miller

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..... *[Signature]*

Licensed Embalmer No. *1815*

P. O. Address. *[Signature]*

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.