FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

20155

State File No. .....

Registration District No. FILED JUN 29 1948

Primary Registration District No. 3043

Registrar's No. 198

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 mo. (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: Hannibal (If outside city or town limits, write "RURAL")
(d) Street No.: 718 Union St (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

64 3 4 0

3. (a) PRINT FULL NAME: Nettie M Paulus
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: Widow
6. (b) Name of husband or wife: John L
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 30 (Day) 1880 (Year)

8. AGE: Years 68 | Months 2 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: Burlington (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business .....
MOTHER FATHER
12. Name: Max Huber
13. Birthplace: Iowa (City, town, or county) (State or foreign country)
14. Maiden name: ——
15. Birthplace: ..... (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Elmer Paulus
(b) Address: 718 Union Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Aspen Grove Burlington Iowa
18. (a) Signature of funeral director: James O'Donnell
(b) Address: Hannibal Mo
19. (a) 6-22-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1948 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from July, 1946 to June 11, 1948 that I last saw her alive on June 11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	
Due to: Chronic myocarditis	
arteriosclerotic type	
Due to: Diabetes mellitus	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy: yes

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature: B J Murry (M. D. or other) M.D.
Address: Hannibal Date signed: 6/27/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....Michael J. O'Connell.....

Licensed Embalmer No.....3246.....

P. O. Address.....Hannibal, 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.