

NOV 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36015
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township _____ Primary Registration District No. 30161 Registered No. 90
 (c) City Washington (d) Street No. St. Francis Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. (f) How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

Stillborn, Pauline - Unnamed
 (a) Residence, No. Washington, Mo. St. 1 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Stillborn ✓ ✓ ✓ 0 day, 0 hrs. 0 min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
 9. Industry or business in which work was done, as saw mill, bank, etc. ✓
 10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Missouri

FATHER
 13. NAME Paul Phillip Paetle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Missouri

MOTHER
 15. MAIDEN NAME Viola Anna Hummel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Missouri

17. INFORMANT (ADDRESS) Paul Phillip Paetle, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville, Mo. DATE Oct. 24, 1939

19. FUNERAL DIRECTOR (ADDRESS) DeWard Family, Washington, Mo.

20. FILED Oct. 24, 1939 H.A. Man Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1939 to Oct 24, 1939
 I last saw read when first seen alive on 19 Death is said to have occurred on the date stated above, at 11 m.
 The principal cause of death and related causes of importance were as follows:

Stillbirth
 Date of onset read
 Cause read
 Other contributory causes of importance: read
 Name of operation none Date of 1939
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. R. Custer, M. D.
 (Address) Washington, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.
90M-7-20-37
X 12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer 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.)