

No. 2
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1-17-39
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3426

Registration District No. 556

Primary Registration District No. 4328

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Mercer

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 26 Years
years, months or days)

3. (a) PRINT FULL NAME J. William Gaul

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cordelia Gaul

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Dec. 11 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>1</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Retired - Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name William Gaul

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

14. Maiden name Ruth Barnett

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

16. (a) Informant Ralph Gaul

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof Jan. 28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Wm. J. ...

(b) Address Princeton, Mo.

19. (a) 1/28-41 (b) Jm Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 1 minute 0 M.

I hereby certify that I attended the deceased from Jan 25 1941 to Jan 27 1941 that I last saw him alive on Jan 26 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
7 p.m. on Jan 25 - 2 days

Due to Cardiovascular
renal degeneration 1940

Due to Sciility

Other conditions Apoplexy Fatal. 2 days
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) neither

(b) Date of occurrence _____

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4914
(Specify type of place) (e) Means of injury _____

23. Signature W. B. ... (M. D. or other) MD
Address Princeton, Mo Date signed 1/28/41

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.....

H. Jean Martin

Licensed Embalmer No. *3760*

P. O. Address.....

Princeton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.