

WHILE FILING—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19298

Registration District No. 882

Primary Registration District No. 6174

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Hickory Grove Gravel  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren

(c) City or town Hickory Grove Gravel  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Eldon George Paul

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day First  
year 1941 hour 6 o'clock minute \_\_\_\_\_ P. M. A. M.

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

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

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

7. Birth date of deceased: Jan 14 1927  
(Month) (Day) (Year)

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.

Immediate cause of death Fractured skull and broken neck Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

14 4 7 hr. \_\_\_\_\_ min.

Due to Over turning of automobile by accident

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Laborer

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

MOTHER FATHER { 12. Name Stanley Paul

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

14. Maiden name Blanche Stutz

15. Birthplace Marthasville Mo  
(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.

16. (a) Informant's own signature Green Paul

(b) Address Marthasville Mo

17. (a) Burial (b) Date thereof June 4/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Cem

18. (a) Signature of funeral director Wright City Mo

(b) Address Wright City Mo

19. (a) June 3/41 (b) Julius Nieburg  
(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) Accident

(b) Date of occurrence June 1st 1941

(c) Where did injury occur? On A.M. Warren Co, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? out public highway + accident  
(Specify type of place)

While at work? no (e) Means of injury into narrow

23. Signature Mrs. J. H. Kungge Coroner J. H. Kungge  
(Name or other) (Name or other)

Address Warrenton Date signed June 1st

**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.....

*Julius J. Nieburg*

Licensed Embalmer No.....

*3366*

P. O. Address.....

*Wright City, 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, above space should be left blank:**