

FILLED NOV 29 1941

Registration District No. 80

Primary Registration District No. 5176

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural (Charrette) Mo.
(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 life (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren / 09
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1941 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1
1939 to Oct 19 1941;
that I last saw her alive on Oct 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 1 month
Arteriosclerosis 3 yr

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 430
Of operations _____
Of autopsy _____

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) _____
(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? _____

While at work? (Specify type of place) (e) Means of injury _____
23. Signature W.C. Johnson (M. D. or other) _____
Address Marthasville Date signed 10/22/41

3. (a) PRINT FULL NAME Emma Louise Pauk

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 married

6. (b) Name of husband or wife Otto Pauk 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 6, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 6 13 hr. min.

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

10. Usual occupation house-wife

11. Industry or business _____

12. Name August Hasenjaeger

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

14. Maiden name Louise Mensenkamp

15. Birthplace Warren County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Otto Pauk

(b) Address Marthasville, Mo. R.F.D.

17. (a) Burial (b) Date thereof 10-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marthasville, Mo.

18. (a) Signature of funeral director Juriebue & Co.
Warrenton, Mo.
(b) Address _____
19. (a) 10/21/41 (b) W.C. Johnson
(Date received local registrar) (Registrar's signature)

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

9
0
0

800

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, John F. Meburg

....., Registered Apprentice No.

working under my personal supervision.

Signed

John F. Meburg

Licensed Embalmer No.

3897

P. O. Address

Warrenton, OR

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.