

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 11 1940

411 1940

2007

1. PLACE OF DEATH:

(a) County **JASPER**
 (b) City or town **JOPLIN**
 (c) Name of hospital or institution: **FREEMAN Hospital**
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution **1 WEEK**
 In this community **25 YEARS**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **SARAH C. GAUGLER.**3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**6. (b) Name of husband or wife **CHAS. O.** 6. (c) Age of husband or wife if alive **68** years7. Birth date of deceased **NOV. 13 1874**
(Month) (Day) (Year)8. AGE: Years **65** Months **3** Days **4** If less than one day
hr. min.9. Birthplace **PENN:**
(City, town, or county) (State or foreign country)10. Usual occupation **HOUSE WIFE**

11. Industry or business

12. Name **DANIEL EYER**13. Birthplace **PENN:**
(City, town, or county) (State or foreign country)14. Maiden name **MATILDA**15. Birthplace **PENN:**
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Family**(b) Address **1822 MOFFETT, JOPLIN MO:**17. (a) **Burial** (b) Date thereof **2-17-40**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **MY HOPE CEM:**18. (a) Signature of funeral director **HURLBUT UND. CO:**(b) Address **JOPLIN MO: 378**19. (a) **2-16-40** (b) **Ed J. Jensen**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JASPER**
 (c) City or town **JOPLIN MO**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1822 MOFFETT:**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **NO** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB. 16,** day **1940.**
year hour minute **3-30 A.M.**21. I hereby certify that I attended the deceased from **1937**
to **July 16** 19**40.**
that I last saw her alive on **July 15** 19**40**
and that death occurred on the date and hour stated above.Immediate cause of death **Chronic Nephritis** Duration **4 yrs**Due to **121**

Due to

Other conditions **Myo Carditis, Chr. 2 yrs**
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

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) (a) Means of injury

23. Signature **Ed Jensen** (M. D. or other)Address **Joplin mo** Date signed **2/16/40**

RECEIVED

District Health Officer No. 6,

District File Number 340-736

Date Filed MAR 8 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.