

FILED JUL 22 1940

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

21636

Do not use this space.

1. PLACE OF DEATH

(a) County Dekalb
(b) Township Grant
(c) City orRegistration District No. 264Primary Registration District No. 5367

Registered No. _____

(d) Street No. _____
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

252 George D. Ausmus
Fairport, Mo.(a) Residence, No. _____ St. ☒ (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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFSusian C. Ausmus (Decd)

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

Aug 1/1848

7. AGE

YEARS

81

MONTHS

10

DAYS

8

If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.Retired9. Industry or business in which work
was done, as saw mill, bank, etc.Thresher &
Machinist10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)ILL

FATHER

13. NAME Philip AusmusILL14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Mary Jane Bradshaw16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)ILL17. INFORMANT
(ADDRESS)Phil Ausmus
Fairport Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Berlin, Mo. DATE 6/10/40, 1919. FUNERAL DIRECTOR (NAME)
(ADDRESS)Schomer
Pattonburg, Mo.20. FILED 6/10, 19 40Mrs. Kessler
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9/40, 1922. I HEREBY CERTIFY, That I attended deceased from
6/8, 1940, to 6/9, 1940I last saw him alive on 6/9, 1940. Death is said
to have occurred on the date stated above, at 9 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

6/3/406/5/40

Other contributory causes of importance:

myocarditis
endocarditis
92A
arteriosclerosis
hiisoughunknown
6/5/40
6/5/40Name of operation none Date of _____What test confirmed diagnosis? none 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) John R. Forgrave, M. D.(Address) Marionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 11;
District File Number 740-1259
Date Filed JUL 19 1948

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 G. S. Gromer
Licensed Embalmer No. 2857
P. O. Address Pattonburg, 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.