No. 2
11-10-39
5-17-39
1 X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31599

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 292

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Just entered (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL") 0
(d) Street No.: 326 Olive St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: John Hayes Jauck
3. (b) If veteran, name war: ✓ 3. (c) Social Security No.: ✓
4. Sex: M 5. Color or race: W. 6. (a) Single, widowed, married, divorced: Infant
6. (b) Name of husband or wife: ____ 6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: 11 (Month) 24 (Day) 1939 (Year)
8. AGE: Years: X Months: 10 Days: 3 If less than one day: ____ hr. ____ min.
9. Birthplace: Cape Girardeau (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: 0
11. Industry or business: 0
FATHER 12. Name: Lesley Jauck
13. Birthplace: Bell City (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Ruby Lesley
15. Birthplace: Burfordville (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Lesley Jauck
(b) Address: 326 Olive St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8 29, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairmount Cem.
18. (a) Signature of funeral director: L. L. Haman
(b) Address: 107 S. Spring
19. (a) 10-1-40 (Date received local registrar) (b) Jm. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 9 day: 27 year: 1940 hour: 6:15 minute: P.M.
21. I hereby certify that I attended the deceased from 11-24-39 ~~9-27~~, 19__, to 9-27, 1940, that I last saw him alive on 9-15, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Status Thymicolymphaticus	10 mos 3 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: Marked enlargement of thymus gland

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: R. G. Ritter, M. D. (M. D. or other)
Address: Cape Girardeau Mo Date signed: 9-28-40

(Licensed Embalmer's Statement on Reverse Side)

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 Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Cape Girardeau

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

If this body is not embalmed, above space should be left blank.