

BUREAU OF THE CENSUS  
OCT 10 1940

Registration District No. 416

Primary Registration District No. 4248

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Sareoke  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 (Specify whether)

In this community 58 years (years, months or days)

3. (a) ~~PRINTED~~ FULL NAME Marlington R. Gaugler  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harriet Varves 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Dec 25 1880 (Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 7 If less than one day \_\_\_\_\_ min

9. Birthplace Selins Grove (City, town, or county) Penn (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General

12. Name J. H. Gaugler

13. Birthplace Lydia Ott (City, town, or county) Penn (State or foreign country)

14. Maiden name Lydia Ott (City, town, or county) Penn (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant's own signature Thomas Effie Gaugler  
(b) Address Sareoke Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-40 (Month) (Day) (Year)  
(c) Place: burial or cremation Sareoke Cemetery

18. (a) Signature of funeral director Poland C Engelag  
(b) Address Sareoke Mo

19. (a) Sept 4 (Date received local registrar) (b) Markus Brundage (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Sareoke Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. ✓  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2  
year 1940 hour 10 minute - P. M.

21. I hereby certify that I attended the deceased from Sept 2 to Sept 2, 1940,  
that I last saw him alive on Sept 2, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage  
Duration 2 hours

Due to Arterio sclerosis, and mild regurgitation 1 year  
Due to Dilatation of heart

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations ADW  
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? 040

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Leo J. Simms (M. D. or other) 1  
Address Sareoke, Mo Date signed 9/4/40

WRITE PLAINLY—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.

1 X19511

40-10-426.

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*George A. Ori*

Licensed Embalmer No. *946*

P. O. Address..... *Mt Vernon 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.**