

S. No. 2  
1-4-13-40  
v. 5-17-39  
I X23159

7052

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

RECORDED MAR 17 1941  
Registration District No. 347

Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

42  
1  
2

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

1. PLACE OF DEATH: HENRY  
 (a) County \_\_\_\_\_  
 (b) City or town CLINTON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (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 \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community Life  
 years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED: 42  
 (a) State MO (b) County HENRY  
 (c) City or town CLINTON  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 900 N 3rd St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Thomas Marion Gaupp 1941

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month 2 day 1st  
 year 40 hour 4.5 minute P M.

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

21. I hereby certify that I attended the deceased from Jan 11, 1941, to Feb 1, 1941;  
 that I last saw h.i. alive on 2-1, 1941;  
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Lula 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan 19-1865  
 (Month) (Day) (Year)

Immediate cause of death  
Cerebral Embolism  
Myocarditis  
Mitral disease  
Bronchitis chronic  
 Duration 36 hr

8. AGE: Years 75 Months 12 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Henry Co Mo  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) B  
 Major findings: Of operations 92  
 Of autopsy \_\_\_\_\_

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Adam Gaupp

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

14. Maiden name Catherine O'Connell

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

16. (a) Informant Frank Brown  
 (b) Address Clinton Mo

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 2-4-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Englewood

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

18. (a) Signature of funeral director Fred Williams  
 (b) Address \_\_\_\_\_  
 19. (a) 2-13-41 (b) Dr. R. Hampton  
 (Date received local registrar) (Registrar's signature)

(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? 312  
 While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Ed. O. Teelor (M. D. or other) \_\_\_\_\_  
 Address Clinton Mo Date signed 2-3-41

RECEIVED  
District Health Officer No. 7,  
District File Number 3-41-402  
Date Filed 3-4-41

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton W

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.