

Registration District No. 449Primary Registration District No. 5612

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Oska Washington  
(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 1 (Specify whetherIn this community lifetime years, months or days) (Specify whether3. (a) PRINT FULL NAME John Ferdinand Gausler

3. (b) If veteran,

name war ✓

3. (c) Social Security

No. none4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife ifalive ✓ years7. Birth date of deceased Aug 21 1861  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

79511

hr. min.

9. Birthplace Laclede Co Mo  
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter

11. Industry or business

12. Name William Gausler13. Birthplace Tenn  
(City, town, or county) (State or foreign country)14. Maiden name Felda Woodcock15. Birthplace Tenn  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature W. Gausler(b) Address Sebanon Mo.17. (a) burial (b) Date thereof about 3-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation McBride Cemetery18. (a) Signature of funeral director E. N. Stewart(b) Address Sebanon Mo.19. (a) 3-4-41 (b) J. M. Gausler  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede(c) City or town Oska, Mo  
(If outside city or town limits, write "RURAL")(d) Street No. 0 (If rural, give location)(e) If foreign born, how long in U. S. A.? 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1year 1941 hour 5 minute am

21. I hereby certify that I attended the deceased from

Feb. 1, 1941, to Mar. 1, 1941that I last saw him alive on Feb. 10, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Paraneurymatous nephritis Duration 1 yr

Due to.....

Due to.....

Other conditions 1218  
(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?  
404 (Specify type of place) While at work? (e) Means of injury23. Signature H. A. Hamilton (M. D. or other) 11Address Sebanon, Mo. Date signed 3-4-41

RECEIVED  
District Health Officer No. 7  
District No. 2 Sub. 444-722  
Date Filed 4/16/11

**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 E. N. Stewart  
Licensed Embalmer No. 1585  
P. O. Address Rebanon 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.**