

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1935

State File No. ~~153~~

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 153

I. PLACE OF DEATH:

(a) County Wade
 (b) City or town Kirksville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: D. A. S. O. Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Mrs. Nora Pearl GAUBERT

8. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Augustus Gaubert 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Nov. 24, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>5</u>	<u>27</u>	hr. <u>-</u> min. <u>-</u>

9. Birthplace Johnson Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business -

MOTHER FATHER { 12. Name Chas. Martin
 13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
 14. Maiden name Clava Faulkner
 15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Gaubert
 (b) Address Wetton, Mo.

17. (a) Warrensburg, Mo. (b) Date thereof 5-23-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director R. A. Brauning

(b) Address Wetton, Mo.

19. (a) May 26/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson
 (c) City or town Wetton
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20
 year 1941 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from 5-9- 1941, to 5-20 1941;
 that I last saw h. ER alive on 5-20-41, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA AND PERITONITIS Duration 5-15-41

Due to ACUTE PANCREATIC NECROSIS 14-13-41
(DISEASE)

Due to 26
 Other conditions UTERINE FIBROID, GALL STONES ?
(Include pregnancy within 3 months of death)

Major findings: NECROSIS OF PANCREAS, GALL STONES - UTERINE FIBROID
 Of operations - 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?

3 While at work? 3 (Specify type of place) (e) Means of injury 3

23. Signature Paul Laughlin (M. D. or other) D.O.
 Address Wettons, Mo. Date signed 5-20-41

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

1924

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 *D. E. Riley*

Licensed Embalmer No. *H181*

P. O. Address *Centerville Me*

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.