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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25499

AUG 15 1941

Registration District No. 492 Primary Registration District No. 56024 Registrar's No.

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town ~~4 miles west of Old Monroe~~
(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 whether years, months or days)
In this community all of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles west - Old Monroe
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Gilberta Christine Jaspering
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) ~~Single~~, married, ~~widowed~~, ~~divorced~~
6. (b) Name of husband or wife Walter Jaspering
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased January (Month) 27 (Day) 1920 (Year)

8. AGE: Years 21 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Lincoln County (City, town, or county) Mo (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name Robert Woodson
13. Birthplace Lincoln County (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Marie Ruckner
15. Birthplace Lincoln County (City, town, or county) Mo (State or foreign country)
16. (a) Informant Walter Jaspering
(b) Address Old Monroe
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Prairie Cem.
18. (a) Signature of funeral director O'Malley Rick
(b) Address Winfield, Mo.
19. (a) 7/30/41 (Date received local registrar) (b) O. C. Neuntist (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1941 hour 7 minute 40 A.M.
21. I hereby certify that I attended the deceased from March 10 1941, to July 24 1941; that I last saw her alive on July 23 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer (Carcinoma) !! — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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) No
(b) Date of occurrence —
(c) Where did injury occur? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
(Specify type of place)
While at work (e) Means of injury

23. Signature O. C. Neuntist (M. D. or other) 11/23/41
Address Old Monroe, Mo. Date signed 7/25/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 O'Garlan Bucks

Licensed Embalmer No. 702

P. O. Address Winfield Me.

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

If this body is not embalmed, fact should be so stated above. Embalmed

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25-499

Registration District No. 492 Primary Registration District No. 5-65-2a Registrar's No. 11

1. PLACE OF DEATH:

(a) County: Lincoln

(b) City or town: 4 mi W of Old Monroe
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Gilberta C. Jospering

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) ~~Single, widowed~~, married, divorced: M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 24 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer (carcinoma) — Duration

Due to: right side of face

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy: 53

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)

(b) 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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

Old Monroe

S-25499