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FILED

State File No. ....

AUG 8 1941 792  
Registration District No. ....

Primary Registration District No. 6035

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Saline

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓  
(Specify whether)

In this community 54 years  
years, months or days

3. (a) PRINT FULL NAME Mary Luise Gaubree

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female race White 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William G. Gaubree 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 14 1859  
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Paris 1 Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business ✓

12. Name John Leonard Smith

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

14. Maiden name Margie Barstow

15. Birthplace 1 Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant T. P. Smith

(b) Address Maple, Mo. R. #1

17. (a) Burial (b) Date thereof July 14-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trilby Park Cem

18. (a) Signature of funeral director Campbell-Ruis

(b) Address Marshall, Mo.

19. (a) July 20 1941 (b) C. L. Lawless  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. Maple R. 1, D. 1  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13<sup>th</sup> day July  
year 1941 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from June 20, 1941, to July 12, 1941;  
that I last saw her alive on July 12, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation

Due to Complete loss of mind 6 weeks before death

Due to stroke not eat or drink

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy no

Duration

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 077

(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?

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

23. Signature C. L. Lawless (M. D. 7-20-41)  
Address Marshall Mo Date signed 7-20-41

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 8,  
District File Number  
7-6-8 Filed to

**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, only

Registered Apprentice No.

working under my personal supervision.

Signed Jan. N. Quinn

Licensed Embalmer No. 1171

P. O. Address Marshall M

**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.**