No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

Registration District No. 977

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7143

Primary Registration District No. 200-5646

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Rural, Dickerson Township
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town Rural, Dickerson Township
(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.? 0 years.

3. (a) PRINT FULL NAME Jimmie Gaus

3. (b) If veteran, name war ---

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased February (Month) 20th. (Day) 1942 (Year)

8. AGE: Years ____ Months ____ Days ____ If less than one day 2 hr. ____ min.

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

10. Usual occupation ____

11. Industry or business ____

MOTHER FATHER

12. Name Ira Gaus

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

14. Maiden name Virginia Barth

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

16. (a) Informant Ira E Gaus

(b) Address Canton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21/1942 (Month) (Day) (Year)

(c) Place: burial or cremation Midway

18. (a) Signature of funeral director M. Roberts

(b) Address La Grange, Mo.

19. (a) 2/21/42 (Date received by local registrar) (b) P. W. Jennings MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1942 hour 2 minute 10 M.

21. I hereby certify that I attended the deceased from Feb 20, 1942, to Feb 20, 1942 that I last saw him alive on Feb 23, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxia	
Due to Premature birth	
Due to Abruptio Placenta	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 159
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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature L. J. Gillard (M. D. or other) DO

Address Canton Mo. Date signed 2-21-42

701

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District-File-Number 10-42-553
Date Filed MAR 18 1942

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

Was not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed W. H. Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, Mo.

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

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