

FILED APR 2 1942
Registration District No. 135

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Meth Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2712 Mary
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James Earl Aughinbaugh

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Sept 24 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 5 Days 18
If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name Forest B. Aughinbaugh

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

14. Maiden name Minnie Thornton

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

16. (a) Informant Mr Forest B Aughinbaugh

(b) Address St Joseph Missouri

17. (a) Burial (b) Date thereof Mar 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence Cemetery, Neph

18. (a) Signature of funeral director Edeman & Son Inc

(b) Address St Joseph Missouri

19. (a) 3-13-42 (b) A. J. Muthbach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12
year 1942 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 1 1942 to March 12 1942
that I last saw him alive on March 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 14da

Due to Influenza 330 14da

Due to 330

Other conditions Mongolian Idiocy
(Include pregnancy within 3 months of death) from birth

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) _____

(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? _____

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

23. Signature W. Rago Moore (M. D. or other) M.D.

Address St Joseph Mo Date signed 3/12/42

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

011
1
7

011
1
7

MOTHER FATHER

moore

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.....

..... March 12 1942, Registered Apprentice No.....
working under my personal supervision.

Signed John H. Hurley
Licensed Embalmer No. 4050
P. O. Address Joseph 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, fact should be so stated above.