V. S. No. 2
0M—8-43
ev. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

Registration District No. 13

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33578

Primary Registration District No. 3003

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Monett (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community Thirty five years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Monett (If outside city or town limits, write "RURAL") 2

(d) Street No. 901 Broadway (If rural, give location) 1

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

If yes, name country None

3. (a) PRINT FULL NAME Clemmons Auffert

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife Mary C Fehring Auffert

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

7. Birth date of deceased May (Month) 9 (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	3	22	hr. ____ min.

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

10. Usual occupation Retired

11. Industry or business Retired Grain Elevator Operator

FATHER
12. Name Auffert
13. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace not Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Leo Auffert

(b) Address 901, Broadway, Monett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary, Monett Mo

18. (a) Signature of funeral director Callaway's

(b) Address Monett Mo.

19. (a) Sept 4 1944 (Date received local registrar) (b) Audra Mullonghby (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 1

year 1944 hour 4 minute 5 M.

21. I hereby certify that I attended the deceased from June 2, 1941 to Sept 1, 1944

that I last saw him alive on Sept 1, 1944

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infirmities old age	
Due to Chr Osteo arthritis deformans	10 yrs
Due to Chr Valvular Heart disease & hypertension	10 yrs
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)

(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 F. J. Manning M.D.

Address Monett Mo. Date signed 9/3/44

1320 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1044-1094
Date Filed OCT 19 1944

MAY 25 1945

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 J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.