

FILED SEP 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31788

Registration District No. 200

Primary Registration District No. 5725

Registrar's No. 231

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Hudson twp. Rural
(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
In this community:
years, months or days)

3. (a) PRINT FULL NAME Leonard Auspauch

3. (b) If veteran, name war: 3. (c) Social Security No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gurnie Auspauch
6. (c) Age of husband or wife if alive 14 years
7. Birth date of deceased 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 18
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Hiram Auspauch
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Missouri F. Buster
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leonard Auspauch

(b) Address Macon, Mo.

17. (a) Burial (b) Date thereof 8 5 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Mo.

18. (a) Signature of funeral director Albert Hunter
(b) Address Macon, Missouri

19. (a) 9-8-47 (b) Opeth McNeely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1947 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Jan 1946 to Aug 2 1947
that I last saw him alive on Aug 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 9 days

Due to Carcinoma of Prostate and Bladder 1.8 months

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 5/15 PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) (c) Means of injury

23. Signature Al Maas (M. D. or other)
Address Macon, Mo. Date signed 8/14/47

RECEIVED
District Health Officer No. 10
District File Number 9-47-1254
Date Filed SEP-15-1947

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.....

Howard F. Myers....., Registered Apprentice No. 468,
working under my personal supervision.

Signed Albert H. Hinner

Licensed Embalmer No. 757

P. O. Address Macon, Md

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.