S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39688

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 170

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Booneville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 720 6yh. Street-Residence /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 16 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
(c) City or town Booneville, Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 720 6th. Street 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Franklin Auer
3. (b) If veteran, name war #
3. (c) Social Security No. #
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife Minnie Walker
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased November 30 1860
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	11	29	hr. min.

9. Birthplace Saline Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer -Retired
11. Industry or business " "
FATHER
12. Name Martin Auer 4
13. Birthplace Unknown (City, town, or county) Holland (State or foreign country)
MOTHER
14. Maiden name Elizabeth Ault 4
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. John F. Auer
(b) Address Booneville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset M. Gardens - Marshall Mo.
18. (a) Signature of funeral director J. Leslie Sorrey
(b) Address Marshall, Mo.
19. (a) 12-1-48 (Date received local registrar) (b) D. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 29
year 1948 hour 10 P.M. minute M.
21. I hereby certify that I attended the deceased from NOV. 23, 1948, to NOV. 29, 1948
that I last saw him alive on NOV. 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
MYOCARDIAL DEGENERATION	1 week
Due to Chronic Prostatic Hypertrophy with urinary Retention	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 13/10

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 2
23. Signature M. A. Jones (M. D. or other) D.O.
Address Booneville, Mo. Date signed 12-1-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 12-29-48

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. Leslie Sweeney

Licensed Embalmer No. 8235

P. O. Address Marshall 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.