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FILED MAY 7 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14929**

Registration District No. **431**

Primary Registration District No. **3023**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **Johnson**  
(b) City or town **Warrensburg**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Oak Hill Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **29 yrs +** years, months or days

3. (a) PRINT FULL NAME **Kenneth Tree Gaubert**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **4-80-16-0555**

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 \_\_\_\_\_

7. Birth date of deceased **June - 25 - 1911**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**29 9 17** hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Victor E. Gaubert**  
13. Birthplace **Ill.**  
14. Maiden name **Mattie May Hudson**  
15. Birthplace **Johnson Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm - Gaubert**

(b) Address **Warrensburg, Mo.**

17. (a) **Burial** (b) Date thereof **April - 14 - 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Sweeney-Phillips**

(b) Address **Warrensburg, Mo.**

19. (a) **April 15-41** (b) **Bertie Bentley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**  
(c) City or town **Warrensburg**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **707 College**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12** year **1941** hour **6:30** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **April 9 - 1941** to **April 12 - 1941**; that I last saw him alive on **April 12 - 1941** and that death occurred on the date and hour stated above.

Immediate cause of death: **Shuff. fracture of 3rd rib injury**

Due to **fall from tree** 4-9-41

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **19 3A U**

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **4-9-41**

(c) Where did injury occur? **Warrensburg, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **9A**

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

23. Signature **D. A. Korman** (M. D. or other) \_\_\_\_\_

Address **Warrensburg, Mo.** Date signed **4-14-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
5-5-41

**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.....

*Earl Priest*

Registered Apprentice No. ....

working under my personal supervision.

Signed *Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg 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.**