

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED MAR 31 1947

7759
Do not use this space.

1. PLACE OF DEATH

(a) County Catahoun Registration District No. 3
(b) Township BUCKANNA Primary Registration District No. 3021
(c) City Wesley (d) Street No. 2 Registered No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

HENRY Joseph Gubser
(a) Residence, No. Hambury Iowa St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Gubser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14-1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 0 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davenport Iowa
13. NAME Anton J. Gubser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
15. MAIDEN NAME Catherine Rogge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Claude J. Gubser
Hambury Iowa
18. BURIAL, CREMATION, OR REMOVAL PLACE mt. Olive DATE Jan 12 1947
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. L. Johnson
Hambury Iowa
20. FILED Jan 15 1947 J. A. Gray
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8 1947
22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1946 to Dec 28 1946
I last saw him alive on Dec 28 1946 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Acute Uremia
resulting in delusions
of hallucinations &
almost total blindness
Date of onset 12/21
Other contributory causes of importance:
Peptic ulcer of month
(an extreme case)
Refused dental assistance
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. C. Wanamaker, M. D.
(Address) Hambury, Iowa

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.....
myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Chas. C. Johnson*.....
Licensed Embalmer No. *2889*.....
P. O. Address *Hamburg Iowa*.....

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, above space should be left blank.