

No. 2
12-45
17-39
X47070

FILED APR 24 1947

Registration District No. **16**

Primary Registration District No. **3032**

Registrar's No. **36**

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:
713 N Holden St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no**
(Specify whether years, months or days)

In this community **74 Yrs**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Wm Augustus Gaubert**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **499-16-2085**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Corah A Gaubert**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Aug. 6 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74	7	28	hr. min.
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9. Birthplace **Carlinville, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cemetery Supt.**

11. Industry or business

12. Name **Victor J. Gaubert**

13. Birthplace **not known**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Irwin**

15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs W.A. Gaubert**

(b) Address **Warrensburg Mo**

17. (a) **Burial** (b) Date thereof **4-6-47**
(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) **Apr 2, 1947** (b) **Saranus Chittaphone**
(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. **713 N Holden**
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4**
year **1947** hour **10** minute **45** A. M.

21. I hereby certify that I attended the deceased from **Sept. 23**, 19**46** to **Apr. 4**, 19**47**
that I last saw him alive on **Apr. 4**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary congestion 2d

Due to **Cerebral apoplexy** 2d

Due to **Hypertension** 10-12 yrs.

Arterial disease

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:

Of operations **no**

Of autopsy **no**

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?

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

Signature **Hany Harkness** (M. D. or other) **MD**
Address **Warrensburg** Date signed **4/5/47**

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

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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. Earl Priest

Licensed Embalmer No. *3878*

P. O. Address. *Warsensburg, 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.