

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 26 1932

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

Do not use this space.

9:10 A.M.
Missouri
8016

1. PLACE OF DEATH
 36 County Franklin Registration District No. 297
 Township St. John Primary Registration District No. 3414
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Gertrude Handing
 (a) Residence. No. Krakow, Mo. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 92 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. _____
 Registered No. 18

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED Henry Handing
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27, 1836

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	96	2	0	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

PARENTS

10. NAME OF FATHER Henry Laukemper

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Kuhmeyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

14. INFORMANT Godfried Handing
 (Address) Krakow, Missouri

15. W. H. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 27 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1932 to Mar 27, 1932 that I last saw her alive on Mar. 26, 1932, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11A (duration) _____ yrs. mos. 36 ds.
10/10/31
11A
 CONTRIBUTORY Acute Bronchitis (SECONDARY) (duration) _____ yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH Place of death

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? No
 (Signed) J. D. Manquin M. D.
 , 19 _____ (Address) Washington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery, Krakow, Mo. DATE OF BURIAL 3/30/1932

20. UNDERTAKER Otto & Co., Washington, Mo. ADDRESS _____

