REC'D MAR 15 1938

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

6674
Do not use this space.

1. PLACE OF DEATH
(a) County FRANKLIN — Registration District No. 295
(b) Township BOONE — Primary Registration District No. 5415A — Registered No. 6
(c) City ..... (d) Street No. ..... St.
(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 51 yrs. mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM HERMAN LAUGEMAN 255
(a) Residence, No. Sullivan, Missouri St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Nora Frances Laugeman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1887
7. AGE: YEARS 51 — MONTHS — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan 0 / Missouri 1

FATHER
13. NAME Henry Laugeman 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6 / Germany

MOTHER
15. MAIDEN NAME Louise Brinkman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Nora Frances Laugeman, Sullivan, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan DATE Feb. 16, 1938
19. FUNERAL DIRECTOR (ADDRESS) Thos. P. Shaffer, Sullivan, Missouri.
20. FILED Feb 14, 1938 Edgar W Laffoon, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1938, to Feb 14, 1938
I last saw him alive on Feb. 10, 1938. Death is said to have occurred on the date stated above, at 3:15 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
11 a	

Other contributory causes of importance: unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? physical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... 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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) R P Royse M.D., M. D.
268 (Address) Sullivan Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Edgar W. Lafleur, Licensed Embalmer No. 3374

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3394 or by , Registered Apprentice No.

working under my personal supervision.

Signed Edgar W. Lafleur

Licensed Embalmer No. 3394

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)