

REC'D APR 4 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10682
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township St. John's Primary Registration District No. 5414 Registered No. 36
 (c) City..... (d) Street No.....
 (e) Length of residence in city or town where death occurred 6 yrs. 11 mos. 28 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John William Lause 200
 (a) Residence, No. R.R. #2, Krakow, Missouri 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Elbert Lause

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 11 28

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. Farming
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Krakow
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Lause
 14. BIRTHPLACE (CITY OR TOWN) Not known
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Schmertman
 16. BIRTHPLACE (CITY OR TOWN) Krakow
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. John W. Lause
 (ADDRESS) Krakow, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Krakow, Mo. DATE Mar. 19, 1938

19. FUNERAL DIRECTOR Otto & Co.
 (ADDRESS) Washington, Mo.

20. FILE Mar. 18 - 1938 H. A. May (Address) Washington, Mo.
 Local Registrar 270

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1937, to March 16, 1938

I last saw him alive on March 14, 1938. Death is said to have occurred on the date stated above, at 5:55 p. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset
Dec. 31, 1937

Other contributory causes of importance:
none

Name of operation..... Date of.....
 What test confirmed diagnosis? no test Was there an autopsy? no

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? No
 If so, specify..... (Signed) J. D. Maupin, M. D.

(Address) Washington, Mo.

STATEMENT BY LICENSED EMBALMER

I, Henry W. Otto, Licensed Embalmer No. 3560

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

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Henry W. Otto
Licensed Embalmer No. 3560

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.)