REC'D MAR 15 1939

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

6092
Do not use this space.

1. PLACE OF DEATH
(a) County Cape County — Registration District No. 125
(b) Township Cape Township — Primary Registration District No. 3009 — Registered No. 52
(c) City Cape Girardeau Mo (d) Street No. S.E.M.O. Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Master Marvin Launius
(a) Residence, No. Bloomfield Mo St. Bloomfield Mo.
(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): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27 - 1937
7. AGE: YEARS 2 | MONTHS 6 mo | DAYS 16 days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo

FATHER
13. NAME Mr. Clyde Launius
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield

MOTHER
15. MAIDEN NAME Mrs Jottie Launius (Williams)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo

17. INFORMANT (ADDRESS) Mr. E. A. Mooney Bloomfield Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Walker's Cemetary DATE 2-12- 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ellis Funeral Home
20. FILED 2-11 1939 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 11 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1939, to Feb 11th 1939
I last saw him alive on 2-11 1939. Death is said to have occurred on the date stated above, at 10:10 p.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis — Date of onset 2-9-39

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Other contributory causes of importance:
Perforated appendix

Name of operation Ap. perforated Tommy Date of 2/8/39
What test confirmed diagnosis? Operation 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? No
If so, specify
(Signed) W. H. Wasserman, M. D.
(Address) Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

NOTE: Full 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 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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.