

627 JUL 18 1939

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

21407  
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 804  
 (b) Township Park Primary Registration District No. 5003  
 (c) City Queen 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Robert Olivier Lauer  
 (a) Residence, No. Queen City, Mo. 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 Single  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
14 2 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student  
 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) Queen City, Mo.

FATHER 13. NAME Fred Lauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queen City, Mo.

MOTHER 15. MAIDEN NAME Delta Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queen City, Mo.

17. INFORMANT (ADDRESS) Delta Lauer  
Queen City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Queen City DATE July 3 1939

19. FUNERAL DIRECTOR (ADDRESS) Wm. N. West

20. FILED July 3 1939 Spencer L. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

accidental drowning, while swimming in Wash Lake, in Adair Co, Mo (no boat involved)

Date of onset

Other contributory causes of importance: 1939

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7-1 1939

Where did injury occur? Adair Co, Wash Lake, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Lake  
 Manner of injury accidental drowning  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) Spencer L. Freeman M. D.  
 (Address) Queen City, Mo

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.

1 X12004

RECEIVED

District Health Officer No. 10

District File Number 7-39-1276

Date Filed JUL 13 1939

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**