REG'D SEP 20 1939

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

28967
Do not use this space.

1. PLACE OF DEATH
(a) County COOPER 2 Registration District No. 218
(b) Township 1 Primary Registration District No. 3015 Registered No. 92
(c) City or BOONVILLE (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 OSCAR G. LAUER
(a) Residence, No. 932 Main St. 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 CORA EARHARDT LAUER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 17 - 1886

7. AGE: YEARS 53 | MONTHS 5 | DAYS 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AUTOMOBILE
9. Industry or business in which work was done, as saw mill, bank, etc. MECHANIC
10. Date deceased last worked at this occupation (month and year) AUG. 1939
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) WEST BOONVILLE
(STATE OR COUNTRY) MISSOURI

FATHER
13. NAME EARHARDT LAUER 6
14. BIRTHPLACE (CITY OR TOWN) GERMANY 6
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME FRANCIS TEMPFEL
16. BIRTHPLACE (CITY OR TOWN) GERMANY
(STATE OR COUNTRY)

17. INFORMANT MRS OSCAR LAUER
(ADDRESS) BOONVILLE, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE WALNUT GROVE CEM. DATE AUG 14 1939

19. FUNERAL DIRECTOR (NAME) STEGNER * KOENIG
(ADDRESS) BOONVILLE, MO.

20. FILED 8-12 1939 E. Hooper
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939, to Aug 11, 1939
I last saw him alive on Aug 11, 1939 Death is said to have occurred on the date stated above, at 10:45 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:
Anemia

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) M. S. McGuire, M. D.
197 (Address) Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 8,
District File Number 91839
Date Filed

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, Mo

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.)

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