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

35511
Do not use this space.

85

1026

1. PLACE OF DEATH
(a) County Buchanan 3 Registration District No.
(b) Township or
(c) City St. Joseph 1 (d) Street No. State Hosp. for Insane No. 2 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. 11 mos. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Lautenschlager
(a) Residence, No. State Hospital # 2 St. Nakenda, 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): wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dena Hagelroth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 2, 1870
7. AGE: Years 69 Months 7 Days 6 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.: Farm
10. Date deceased last worked at this occupation (month and year): Oct. 1939
11. Total time (years) spent in this occupation: Very

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monitor County, Mo.

FATHER
13. NAME: Chris Lautenschlager
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME: Sophia Schiefle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Earnest Lautenschlager Nakenda, Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Bevier, Mo DATE Oct. 8th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton-Bishop-Barnes 319 So. 10th St. Kansas City

20. FILED Oct 8, 1939 A. J. Kestlbirt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1938, to 10-8, 1939
I last saw alive on Oct. 8, 1939. Death is said to have occurred on the date stated above, at 5:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral arteriosclerosis	7
47	

Other contributory causes of importance:

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? 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) T. T. Dell, M. D.
(Address) St. Joseph

(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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2. 50M-6-19-38 1 X16605

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 ~~[illegible]~~ Oct 8, 19[illegible]

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W E Immerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Joseph 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.