

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

40492
Do not use this space.

1. PLACE OF DEATH

(a) County Pattia Registration District No. 668
 (b) Township Sedalia Primary Registration District No. 3082 Registered No. 320
 (c) City Sedalia (d) Street No. 411 North Grand 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

353 Lattie A Standke
 (a) Residence, No. 411 North Grand 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 Female 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 Herman Standke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4, 1853

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|----------------------------------|
| | 86 | 8 | 18 | |

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) Cole Camp
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Henry Lanckenau

14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Anna Cloisterman

16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT Herman Standke
 (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Nov. 24, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
 (ADDRESS) Sedalia, Mo.

20. FILED 11-24-1939 Mrs Harry Sneed
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1939, to Nov. 22, 1939
 I last saw him alive on Nov. 21, 1939. Death is said to have occurred on the date stated above, at 5482 m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage

Date of onset 11-19-39

Other contributory causes of importance:
Senile dementia
arterio-sclerosis
chronic hyp. carbon

Name of operation none Date of none
 What test confirmed diagnosis? chronic 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 none
 (Signed) Chas. H. Sneed, M. D.
 (Address) Sedalia, Mo.

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.

I X18605

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/8/39

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.....

L. E. Bouldin....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *L. E. Bouldin*.....

Licensed Embalmer No..... 3867.....

P. O. Address Sedalia, 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.