

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

8447  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Vernon Registration District No. 875  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3039 Registered No. 35  
 (c) City Nevada (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. St. Francis Convent 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1874  
 7. AGE YEARS 76 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Prest  
 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) Germany  
 FATHER 13. NAME Conrad Laeckler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Frances Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) Robert Hayes Nevada Mo  
 18. BURIAL, CREMATION OR REMOVAL PLACE Mt. Calvary DATE 2/9 1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edeline Furness Nevada Mo  
 20. FILED Feb 19 1940 Allen O'Hara Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1940  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1939 to Feb 6 1940  
 I last saw him/her alive on 2/4 1940 Death is said to have occurred on the date stated above, at 9 p m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Bowels Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 46  
Unknown  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Subtotal 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  
 so, specify \_\_\_\_\_  
 (Signed) J. M. Yates, M. D.  
Nevada Mo

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

50M-9-19-33 I X16605

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.

JUL 17 1947

RECEIVED

District Health Officer No. 7,

District File Number 2-40-346

Date Filed 3-4-48

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

*Mark E. Schuyler*

Licensed Embalmer No. 2656

P. O. Address Nevada 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.