No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29965

State File No.

Registration District No. 875 Primary Registration District No. 6161 Registrar's No. 212

8

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

(b) ~~City or town~~ (Rural) Badger Tow

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Badger township

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town (Rural)

(If outside city or town limits, write "RURAL")

(d) Street No. Badger township

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William G Lauppe

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elmira Lauppe

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May (Month) 28, (Day) 1961 (Year)

8. AGE: Years 79 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Belliview, (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name George Lauppe
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Ursula
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Ida May Wheeler

(b) Address Nevada Mo R 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/40 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo

19. (a) 8-22-40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7, year 1940 hour 6: minute :30 P M.

21. I hereby certify that I attended the deceased from Did not attend, 19 ; to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to apoplexy sudden

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. L. Kelley (M. D. or other)

Address Milo Mo Date signed 8-8-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7.
District File Number 9-40-1264
Date Filed 9-5-40

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~~ Personal

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

working under my personal supervision.

Signed Lloyd R. Wunsch

Licensed Embalmer No. 3957

P.O. Address Nevada, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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