

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 19

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ONE DAY
(Specify whether years, months or days)
In this community 60 YEARS

3. (a) PRINT FULL NAME MRS. FLORA JULIA LAUER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ALBERT LAUER 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased OCTOBER 5 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 10 If less than one day hr. min.

9. Birthplace HERMANN MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER
12. Name HENRY HUMBERG
13. Birthplace HESSEN KESEL GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name JULIA SUSAN PETIUS
15. Birthplace HERMANN MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Albert Lauer
(b) Address Boonville - Mo

17. (a) BURIAL (b) Date thereof FEB. 18-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.

19. (a) 2-17-41 (b) B. Hooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
(c) City or town BOONVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. 809 LOCUST STREET
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 15th
year 1941 hour 6:45 minute _____ P.M.

21. I hereby certify that I attended the deceased from September 16, 1940, to Feb. 15, 1941;
that I last saw her alive on Feb. 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endo-Mycarditis Duration years

Due to _____
Due to _____

Other conditions Arteriosclerosis years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W.A. Ziegler (M. D. or other) MD.
Address Boonville Mo Date signed 2-17-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A FINGERPRINT—ALSO

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.

1 X1981

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-7-41

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. Signer*
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.