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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1941

Registration District No. 431

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~3023~~ 5023

State File No.

Registrar's No. 142

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

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 406 N. Maguire 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 5 1
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. 406 N. Maguire 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Minnie Laun

3. (b) If veteran, name war ✓

3. (c) Social Security No. 487-07-0894

4. Sex Fe 1

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased May (Month) 30 (Day) 1879 (Year)

8. AGE: Years 62 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Lafayette Co. (City, town, or county) O Mo. (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business

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

MOTHER
14. Maiden name Louisa Campbell
15. Birthplace Lafayette Co. (City, town, or county) O Mo. (State or foreign country)

16. (a) Informant Mrs Frank Hoehn
(b) Address Mt Vernon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. L. Wilcox
(b) Address Warrensburg Mo.

19. (a) Nov 25-1941 (Date received local registrar) (b) Leola McWilliams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21 year 1941 hour 8:45 minute P M.

21. I hereby certify that I attended the deceased from Oct. 8, 1941, to Nov 21, 1941; that I last saw her alive on Nov. 21, 1941, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid

Due to ?

Due to

Other conditions (Include pregnancy within 3 months of death) 46

Major findings:
Of operations None
Of autopsy None

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 0

23. Signature O H Damron (M. D. or other)
Address Warrensburg Mo Date signed 11-22-41

1001

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12-10-41

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 [signature]

Licensed Embalmer No. 3053

P. O. Address Warrensburg Mo

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

If this body is not embalmed, fact should be so stated above.