

Registration District No. 277

Primary Registration District No. 3016

Registrar's No. 19

1. PLACE OF DEATH:

(a) County: Franklin  
(b) City or town: Washington Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 806 Roberts -  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: none (Specify whether) 1  
In this community: 25 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Franklin  
(c) City or town: Washington (If outside city or town limits, write "RURAL") 036  
(d) Street No.: 806 Roberts (If rural, give location) 2  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: no

3. (a) PRINT FULL NAME: LOUIS WILLIAM LAUSE

3. (b) If veteran, name war: no 3. (c) Social Security No.: none

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife: Elizabeth Lause 6. (c) Age of husband or wife if alive: none years  
7. Birth date of deceased: January 25 - 1875 (Month) (Day) (Year)

8. AGE: Years: 77 Months: 1 Days: 9 If less than one day: hr. min.

9. Birthplace: Keokuk Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Retired shoe worker

11. Industry or business: .....

MOTHER FATHER { 12. Name: Mathais Lause  
13. Birthplace: Pasadena Germany (City, town, or county) (State or foreign country)  
14. Maiden name: Anna Rose  
15. Birthplace: Osterhappel Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Louis Lause Jr

(b) Address: Washington Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereat: Mar. 7 - 42 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Mo.

18. (a) Signature of funeral director: Otto R. Co.

(b) Address: Washington Mo.

19. (a) March 5 - 42 (Date received local registrar) (b) Luise Ruetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 4 year: 1942 hour: 4 PM minute: .. M.

21. I hereby certify that I attended the deceased from: March 4 1942 to: Feb. 26 1942  
that I last saw him alive on: .. 19: ..  
and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy Duration: ..  
Hypertension

Due to: Hypertension  
Due to: ..

Other conditions: .. (include pregnancy within 3 months of death)

Major findings: 83a 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: [Signature] (M. D. or other) 0 Address: Washington Mo. Date: 3/5/42

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

36  
256

1181

**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.....  
*J. H. O'Neil*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*J. H. O'Neil*.....

Licensed Embalmer No. *2464*.....

P. O. Address *Washington Md*.....

**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, fact should be so stated above.**