

FILED APR 1 3 1942

Registration District No.

Primary Registration District No. 2001

Registrar's No. 205

39
26
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 months**
(Specify whether
in this community **21 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene 039**
(c) City or town **Springfield 2**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. **1519 N. Grant Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Albert Franklin Lautzenhiser**

3. (b) If veteran, name was **none** 3. (c) Social Security No. **702-07-8895**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lottie J. Lautzenhiser** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **June 23 1886**
(Month) (Day) (Year)

8. AGE: Years **55** Months **8** Days **21** If less than one day hr. min.

9. Birthplace **N. Manchester, Indiana 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Engineer**

11. Industry or business **Frisco Railroad**

MOTHER FATHER

12. Name **Benton K. Lautzenhiser**

13. Birthplace **Wabash Co., Indiana 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Malinda Scott**

15. Birthplace **Unknown, Ohio 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Albert F. Lautzenhiser**

(b) Address **1519 North Grant**

17. (a) **Burial** (b) Date thereof **3/16/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Thieme**

(b) Address **Springfield, Missouri**

19. (a) **316-42** (b) **R. W. J. Jandley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14** year **1942** hour **11** minutes **30 P.** M.

21. I hereby certify that I attended the deceased from **Mar 9**, 1942 to **Mar 14**, 1942
that I last saw him alive on **MAR 14**, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **mena.** Duration **3 Mo.**

Due to **Pyonephritis (Chronic)** 1 year

Due to

Other conditions (Include pregnancy within 8 months of death) **1336-1**

Major findings: Of operations **1** Of autopsy **Pyonephritis.** 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 **Gene W. Farthing** (M. D. or other) **MD.**

Address **600 Med Arts Bldg.** Date signed **3-16-42**

APR 2 1942

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.....
R. H. News

Licensed Embalmer No. *3681*

P. O. Address *Spfld, 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, fact should be so stated above.

X