

1. PLACE OF DEATH: FRANKLIN
 (a) County FRANKLIN
 (b) City or town NEW HAVEN RURAL #2
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lyon Sup 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 Entire Life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME EMMA MARIE LAAKER
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 DATE OF DEATH: Month MAY day 15
 year 1942 hour 3:30 minute A M.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife AUGUST H. LAAKER alive 74 years
 6. (c) Age of husband or wife if 23 years
 7. Birth date of deceased NOV. 23 1876
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from MAY 14, 1942 to MAY 15, 1942
 that I last saw HER alive on MAY 14, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL APOPLEXY
 Duration 1 DAY
 Due to ARTERIAL HYPERTENSION D K

8. AGE: Years 65 Months 5 Days 22 If less than one day _____ hr. _____ min.
 9. Birthplace FRANKLIN COUNTY MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation HOUSE WIFE

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: NO OPERATION
 Of operations _____
NO AUTOPSY
 Autopsy _____

MOTHER FATHER
 11. Industry or business none
 12. Name HENRY PANHORST
 13. Birthplace NEW HAVEN MO
 (City, town, or county) (State or foreign country)
 14. Maiden name MATHURINE HOENIG
 15. Birthplace NEW HAVEN MO
 (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Ann L. Laaker
 (b) Address 3841 Botanical Blou
 17. (a) Burial (b) Date thereof 5-17-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation STONE CHURCH
 18. (a) Signature of funeral director L. P. FERTIG & SON
 (b) Address 7100 Hayes, Mo
 19. (a) May 17-42 (b) Don [unclear]
 (Date received local registrar) (Registrar's signature)

23. Signature J. H. Matthews, M.D. (M. D. or other) _____
 Address BEAUFORT MISSOURI Date signed 5-16-42

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

36
0
0

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

Earl Fertig

Licensed Embalmer No.

3386

P. O. Address

New Haven Conn

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.