S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27227

Registration District No. 133 Primary Registration District No. 5484 Registrar's No. 60

FILED SEP 12 1942

41
0
0

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town New Hampton Rural Butler Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED: 41
(a) State Missouri (b) County Harrison
(c) City or town New Hampton Rural Butler Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Mile South of New Hampton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Tlitha Jane Lauderback

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Husband John Henry Lauderback 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Sept (Month) 11 (Day) 1860 (Year)

8. AGE: Years 81 | Months 10 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Harrison County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business .....

FATHER
12. Name Elbert Hogan
13. Birthplace Harrison County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary ETIZebath Stanley
15. Birthplace Harrison County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs Chas Clutter
(b) Address New Hampton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Okland Cemetry

18. (a) Signature of funeral director W G Noble
(b) Address New Hampton Mo

19. (a) 8/4/42 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1942 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 24 1942 to July 31 1942 that I last saw him alive on July 24 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular Heart Trouble	
Due to	
Due to	
Other conditions (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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature J. E. Wilson (M. D. or other) MD
Address New Hampton Mo Date signed July 31

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(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Noble

Licensed Embalmer No. 2904

P. O. Address Newport Hampton

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.