

S. No. 2
4-12-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37403

State File No. _____

FILED DEC 14 1942

Registration District No. _____

Primary Registration District No. 4265

Registrar's No. 65

54
00

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Napoleon Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
His Honor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether)

In this community 52 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

(c) City or town Napoleon
(If outside city or town limits, write "RURAL")

(d) Street No. none needed
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X 0 years.

3. (a) PRINT FULL NAME ANDREW JACKSON LAUCK

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 500-03-068

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1942 hour 9 to 12 minute A—M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rosette Lauck

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased: Dec-17-1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from called in
official capacity as coroner
that I last saw h alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>11</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Probably
Coronary Occlusion.

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

Due to Found dead on floor
of home apparently
due to natural causes

10. Usual occupation Common labor

Other conditions 945
(Include pregnancy within 3 months of death)

11. Industry or business Farming - coal mining

Major findings:
Of operations _____

12. Name John H. Lauck

Of autopsy No autopsy

13. Birthplace West Va
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Barker

15. Birthplace Lafayette Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosette Lauck

(b) Address Napoleon Mo

17. (a) Burial (b) Date thereof Nov-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Hill Cemetery

18. (a) Signature of funeral director J. M. Reppert

(b) Address Buckner Mo

19. (a) Nov-10-42 (b) Mrs W. Baker
(Date received local registrar) (Registrar's signature)

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 J. P. Markham (M. D. or other) Coroner

Address Osage Mo Date signed Nov-20-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

DEC 19 1942

DEC 28 1942

MAR 1 1943

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 12-11-42

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed: *James M. Reppert*

Licensed Embalmer No. 2321

P. O. Address: *Buckner 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.