

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

APR 5 1943

Registration District No.

Primary Registration District No. 3017

Registrar's No. 25-

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville Rural

(c) Name of hospital or institution: Home - 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 At of Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. R.F.D # 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Henry Lauer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1943 hour ? about 2:30 P. M. minute

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Hattie Lauer alive 93 years

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

7. Birth date of deceased September 12 - 1877
(Month) (Day) (Year)

that I last saw h. _____ alive on Never seen alive, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Rheumatic Heart

Duration 9

8. AGE: Years 65 Months 5 Days 21 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Cooper Co. Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 58d

10. Usual occupation Farmer

Major findings: Of operations _____

11. Industry or business _____

Of autopsy NO

12. Name Earhardt Lauer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

14. Maiden name Frances Temple

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

16. (a) Informant Mrs Hy Lauer

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Mar 7 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem

18. (a) Signature of funeral director Goodman & Baker

(b) Address Boonville, Mo.

19. (a) Mar-6-43 (b) Orchas Swap
(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 Coroner

23. Signature L. J. McIntire (M.D. or other) Coroner

Address Boonville, Mo. Date signed 3/6/43

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

MOTHER FATHER

RECEIVED

District No. 8,

District File Number.....

Date Filed 4-2-43

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 J. H. Goodman
Licensed Embalmer No. 1178
P. O. Address Boonville, 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.