

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14232**

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. **1043 12**

Primary Registration District No. **5479**

Registrar's No. **44**

1. PLACE OF DEATH:

(a) County **Franklin**

(b) City or town **Gerald, Missouri Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Union Joint**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Entire Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**

(c) City or town **Gerald, Missouri -- Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Hermann Henry Laaker**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **September 29 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	6	10	hr. _____ min.

9. Birthplace **Gerald, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Threshing, Saw Mill Operator**

11. Industry or business _____

12. Name **Henry Laaker**

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

14. Maiden name **Katherine Kemher**

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

16. (a) Informant **Charles Pigeon**

(b) Address **Gerald Missouri**

17. (a) Burial **Stone Church**
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Ernst L. Ottmann**

(b) Address **Gerald, Missouri**

19. (a) **Apr 10 43** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9**
year **1943** hour **8** minute **20** A.M.

21. I hereby certify that I attended the deceased from **1936** to **1943**
that I last saw him alive on **4** **4** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Prostate gland**

Due to **SIF**

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **no**

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)

Means of injury _____

23. Signature **Charles A. Schmidt** (M. D. or other) _____

Address **Gerald Mo** Date signed **4/12/43**

Duration **unknown**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Ernest P. Plattman

Licensed Embalmer No.....

4054

P. O. Address.....

Herald Mission

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.