

BUREAU OF THE CENSUS  
**FILED JUN 24 1943**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

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

(c) Name of hospital or institution: **St. Lukes Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5-10-43-6-9-43**  
(Specify whether years, months or days)

In this community **40 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Missouri** (b) County **Jackson** **3**

(c) City or town **Kansas City** **8**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3119 Montgall**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME: **John Emil Lauenberg**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **493-22-8132**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Lois Lauenberg**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **May 18, 1876**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **0** Days **21**  
If less than one day **hr. min.**

9. Birthplace **Copenhagen, Denmark** **4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Brick Contractor**

11. Industry or business

MOTHER FATHER { 12. Name **Johannes Lauenberg**

13. Birthplace **Denmark** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Hansen**

15. Birthplace **Denmark** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lois Lauenberg**

(b) Address **3119 Montgall**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **6-11-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **6-10-43** (Date received local registrar)

(b) **D. E. Bascom** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9**  
year **1943** hour **2** minute **A** M.

21. I hereby certify that I attended the deceased from **April 10 1943** to **June 9 1943**  
that I last saw h. **in** alive on **June 9** and that death occurred on the date and hour stated above

Immediate cause of death **Coronary Arteriosclerosis with Coronary**

Due to **Myocardial degeneration**

Due to **ASA**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **ASA**

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Douglas R. Johnson** (M. D. or other)  
Address **1010 Professional Bldg** Date signed **June 9-43**

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

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*The Honorable*  
*Prof. Reddy.*  
*4 P.M.*

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**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 Clarence H. Chiles  
Licensed Embalmer No. 3473  
P. O. Address K.C. 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.**