

FILED MAY 10 1944

Registration District No. 5792

Primary Registration District No. 5792

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Rural Combs 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 \_\_\_\_\_  
In this community Most of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17  
(c) City or town Rural Combs twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry L. Lautenschlager

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Lilly Hirt Lautenschlager 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased Jan. 18 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Christian Lautenschlager  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophie Schivley  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Lautenschlager

(b) Address Carrollton Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4 20 44  
(Month) (Day) (Year)

(c) Place: burial or cremation Evergreen (Dewitt Mo.)

18. (a) Signature of funeral director Willis Marshall

(b) Address Carrollton Mo.

19. (a) 4-20-44 (Date received local registrar) (b) Miss James Rafferty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 18th, year 1944 hour 2 minute 22 PM.

21. I hereby certify that I attended the deceased from April 17 to April 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Double Lobar pneumonia 5 da.  
Due to aging old  
Due to age

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 108  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature R. Hamilton Stinson (Specify type of place) (b) Means of injury 0  
Address Carrollton Mo Date signed April 19 1944

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

RECEIVED

District Health Officer No. 8,

Case File Number \_\_\_\_\_

Date Filed 5-9-44

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 myself,  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed P. M. Marshall  
Licensed Embalmer No. 2525  
P. O. Address Carrollton 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.