V. S. No. 2
100M—8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31770

FILED SEP 18 1944

Registration District No. 517 Primary Registration District No. 6076 Registrar's No. 1882

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Veterans' Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Aug. 25, 1944 (Specify whether In this community Since August 25, 1944. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

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

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

If yes, name country - -

3. (a) PRINT FULL NAME LAURIE, John H.

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

3. (c) Social Security No. None

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 January (Month) 27, (Day) 1891 (Year)

8. AGE: Years 53 Months 7 Days 14 If less than one day hr. - - min.

9. Birthplace Camden County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Owned his own farm

FATHER
12. Name William Laurie,
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Laswell,
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant M. Schitting Clinical Clerk,

(b) Address Vets. Adm. Fac., Jeff. Brks., Mo.

17. (a) removal by rail (Burial, cremation, or removal) (b) Date thereof 9--13-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City, Missouri

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) SEP 13 1944 (Date received local registrar) C. L. McLaurin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Septmber day 11th year 1944 hour 9:15 minute P.M. M.

21. I hereby certify that I attended the deceased from August 25, 1944, to September 11, 1944 that I last saw him alive on September 11, 1944. and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
LEFT HEMIPLEGIA, DUE TO CEREBRAL VASCULAR ACCIDENT.	UNKNOWN
Due to - -	
Due to - -	
Other conditions NONE (Include pregnancy within 3 months of death)	

Major findings: Of operations No Operation

Of autopsy No 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) No

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. A. GERMAN, M.D. (M. D. or other)

Address Chief Medical Officer, Jefferson Barracks, Mo. Date signed 9-12-44

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7327 Lemay Ferry

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.