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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 6 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 259

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

1. PLACE OF DEATH:

(a) County Jackson County

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

(c) Name of hospital or institution: Robinson Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 day 10  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 706 Mathews Street  
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Mary Lauham

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17  
year 1945 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from Columbia, 19   to   , 19  ;  
that I last saw her on   , 19  ,  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife George Lauham

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased: July (Month) 10 (Day) 1895 (Year)

Immediate cause of death: Suicide by hanging

Due to   

Due to   

Other conditions (Include pregnancy within 3 months of death) 164a

8. AGE: Years 49 Months 6 Days 7 If less than one day    hr.    min.

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

10. Usual occupation House wife

11. Industry or business   

12. Name Logan I Keller

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

14. Maiden name FANNIE MOORE

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

16. (a) Informant George Lauham

(b) Address 706 Mathews Street

17. (a) Removal (b) Date thereof 1-17-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo

18. (a) Signature of funeral director R. D. Willett

(b) Address 201 W. Main St.

19. (a) 1-17-45 (b) I. E. Brown (1/3)  
(Date received local registrar) (Registrar's signature)

Major findings: History & Postmortem

Of operations   

Of autopsy not

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) Suicide

(b) Date of occurrence 1-17-45 (Between 3:30 and 5 am)

(c) Where did injury occur? Robinson Hospital, 16 E. Jackson, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
(Specify type of place)

While at work? no (e) Means of injury hanging

23. Signature James M. Keller (M. D. or other) Boone

Address 1424 Jefferson Ave Date signed 1-17-45

**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. S. Walton

Licensed Embalmer No. 2744

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.**