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OM—5-43
ev. 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

Walter 24645

State File No.

FILED AUG 9 1945

Registration District No. 274 Primary Registration District No. 3052 Registrar's No.

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

1. PLACE OF DEATH:

(a) County PETTIS

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

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

(d) Length of stay: In hospital or institution 1 MONTH (Specify whether
In this community 31 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS

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

(d) Street No. ROUTE #2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE J. LASS

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 DIVORCED

6. (b) Name of husband or wife

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

7. Birth date of deceased 6 (Month) — 11 (Day) — 1874 (Year)

8. AGE: Years 71 Months 1 Days 10 If less than one day hr. min.

9. Birthplace SCHLESWIG (City, town, or county) IOWA (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business PHOTOGRAPHER

FATHER
12. Name GEORGE LASS
13. Birthplace SCHLESWIG (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name MARGARET STENDER
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant MRS DOROTHY TRUITT CLIFFORD

(b) Address SEDALIA, MO.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7-24-1945 (Month) (Day) (Year)

(c) Place: burial or cremation DENISON, IOWA.

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA, MO.

19. (a) 7/23/45 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21ST year 1945 hour 3 minute P M.

21. I hereby certify that I attended the deceased from about 1927 to July 21, 1945 that I last saw him alive on July 21, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes mellitus arteriosclerosis and chronic parenchymatous nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations amputation of leg below knee. gangrene

Of autopsy

Duration: 20 yrs

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A L Walter (M. D. or other) MD

Address 120 W 5 Sedalia Mo Date signed 7-23-45

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 8-7-45

JUL 30 1946

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 L. E. Boulden

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.